


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 14, 2006 8:00 am**  
**Secretary of State**

09-14-2006 90051 004 \*\*\*\*50.00

<b>DOCUMENT # L04000065462</b>	
1. Entity Name <b>PELICAN BAY INVESTMENT COMPANY, LLC</b>	

Principal Place of Business <b>7117 PELICAN BAY BLVD., UNIT 808 NAPLES, FL 34108</b>	Mailing Address <b>22725 MACK AVE., STE. 206A ST. CLAIR SHORES, MI 48080</b>
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2. Principal Place of Business <b>6597 NICHOLAS BLVD.</b>	3. Mailing Address <b>JANE AS ABOVE</b>
Suite, Apt. #, etc. <b>UNIT 406</b>	Suite, Apt. #, etc.
City & State <b>NAPLES, FL</b>	City & State
Zip <b>34108</b>	Country <b>USA</b>

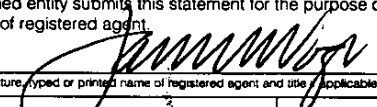


07122006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-2393322</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>VOGT, JAMES M 6573 MARISSA LOOP, UNIT 304 NAPLES, FL 34108</b>	7. Name and Address of New Registered Agent Name <b>JANE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6597 NICHOLAS BOULEVARD</b> <b>UNIT 406</b> City <b>NAPLES</b> FL Zip Code <b>34108</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

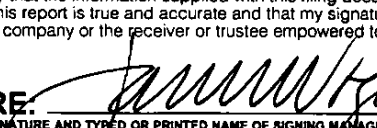
SIGNATURE  DATE **6.12.06**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VOGT, JAMES M 22725 MACK AVE., STE. 206A ST. CLAIR SHORES, MI 48080</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  DATE **6.12.06** 586.447.9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE