

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075025

FILED
Apr 29, 2009
Secretary of State

Entity Name: PELICAN BAY/HAMMOCK WOODS II, LLC

Current Principal Place of Business:

26381 SOUTH TAMIAMI TRAIL
SUITE 300
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

26381 SOUTH TAMIAMI TRAIL
SUITE 300
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 20-2940245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONROY, J. THOMAS III
2640 GOLDEN GATE PARKWAY
115
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAUER, FREIDA
Address: 26381 SOUTH TAMIAMI TRAIL, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: NASHMAN, JAMES A
Address: 26381 SOUTH TAMIAMI TRAIL, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: WIELAND, CLIFFORD
Address: 8157 CONSTITUTION DRIVE
City-St-Zip: SYRACUSE, IN 46567

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES A. NASHMAN

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date