

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016073

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: PELICAN ISLE TOWERS, L.L.C.

## Current Principal Place of Business:

4 LAGUNA STREET, SUITE 201  
FT. WALTON BEACH, FL 32548

## New Principal Place of Business:

4 LAGUNA STREET  
SUITE 201  
FORT WALTON BEACH, FL 32548 US

## Current Mailing Address:

4 LAGUNA STREET, SUITE 201  
FT. WALTON BEACH, FL 32548

## New Mailing Address:

4 LAGUNA STREET  
SUITE 201  
FORT WALTON BEACH, FL 32548 US

FEI Number: 20-2375775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHWEIZER, TODD  
4 LAGUNA STREET  
SUITE 201  
FT WALTON BEACH, FL 32548 US

## Name and Address of New Registered Agent:

SCHWEIZER, W. TODD  
4 LAGUNA STREET  
SUITE 201  
FORT WALTON BEACH, FL 32548 US

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: W. TODD SCHWEIZER

04/27/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: SCHWEIZER, TODD  
Address: 4 LAGUNA STREET SUITE 201  
City-St-Zip: FT WALTON BEACH, FL 32548

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: SCHWEIZER, W. TODD  
Address: 4 LAGUNA STREET, SUITE 201  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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: W. TODD SCHWEIZER

P

04/27/2007

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