2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000028243

PELICAN WING PUBLISHING, LLC

Mailing Address

1577 SAND CASTLE ROAD SANIBEL ISLAND, FL 33957

Principal Place of Business

1577 SAND CASTLE ROAD SANIBEL ISLAND, FL 33957

FILED Jan 18, 2007 8:00 am Secretary of State

01-18-2007 90020 004 ****50.00



DO NOT WRITE IN THIS SPACE

01132007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 20-2627732 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

8. Name and Address of Current Registered Agent

GEORGE, JAMES F 1577 SAND CASTLE ROAD SANIBEL ISLAND, FL 33957

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Apent signature required when remistating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		İ
NAME	ANDERSON, JIM		
STREET ADDRESS	16681 CROWNSBERRY WAY		
CITY-ST-ZIP	FORT MYERS, FL 33908		
TITLE	MGRM		
NAME	GEORGE, JAMES F		
STREET ADDRESS	1577 SAND CASTLE ROAD		
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957		
TITLE			
NAME		i i	
STREET ADDRESS		DO NOT WE	PITE
City-St-ZiP		DO NOT WIT	X1 I I
TITLE		I IN THIS SPA	ACE
NAME			· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			!
CITY-ST-ZIP			
TITLE			
NAME Circumonosos		J.	
STREET ADDRESS CITY-ST-ZIP			
			
TITLE			
NAME CORET LORDES			
STREET ADDRESS CITY-ST-ZIP			
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.			

ING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE