


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90155 024 \*\*\*\*50.00

<b>DOCUMENT # L05000032331</b> 1. Entity Name PELICAN FUNDING GROUP, LLC					
Principal Place of Business 1313 PELICAN AVE. NAPLES, FL 34112			Mailing Address PO BOX 11002 NAPLES, FL 34102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STEINBERG, DALE H 1313 PELICAN AVE NAPLES, FL 34112				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME	STEINBERG, DALE H			NAME	
STREET ADDRESS	1313 PELICAN AVE			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112			CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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.					
<b>SIGNATURE:</b> <i>Dale H. Steinberg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				1-27-06 239-352-9939 <small>Date Daytime Phone #</small>	
DALE H. STEINBERG					