2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L05000055283

Entity Name: PELICAN SHOPS AT DAVIE, LLC

Current Principal Place of Business:

7600 RED ROAD
SUITE #300
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

1450 NW 87 AVE
SUITE 210
DORAL, FL 33172 US

Current Mailing Address:

7600 RED ROAD
SUITE #300
SOUTH MIAMI, FL 33143 US

New Mailing Address:

1450 NW 87 AVE
SUITE 210
DORAL, FL 33172 US

FEI Number: 20-2948803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NUNEZ, ALEJANDRO
250 GIRALDA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

NUNEZ, ALEJANDRO
1450 NW 87 AVE
STE 210
DORAL, FL 33172 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: ALEX NUNEZ 05/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FJA AT PELICAN SHOPS, AT DAVIE, LLC
Address: 7600 RED ROAD SUITE #300
City-St-Zip: SOUTH MIAMI, FL 33143 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FJA AT PELICAN SHOPS, AT DAVIE, LLC
Address: 1450 NW 87 AVE STE 210
City-St-Zip: DORAL, FL 33172 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: FRANK J AMEDIA MGR 05/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date