

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068761

Entity Name: PELICAN PARTNER LLC

FILED
Aug 23, 2006
Secretary of State

Current Principal Place of Business:

1240 CROWN POINTE LANE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1240 CROWN POINTE LANE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-3158271 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:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DONAHUE, JOHN F III
Address: 50 REVERE ROAD
City-St-Zip: MANHASSET, NY 11030

Title: MGR () Delete
Name: REILLY, TIMOTHY W
Address: 674 PARK AVENUE
City-St-Zip: MANHASSET, NY 11030

Title: MGR () Delete
Name: MCINTYRE, WILLIAM P
Address: 18 REID AVENUE
City-St-Zip: PORT WASHINGTON, NY 11050

Title: MGR () Delete
Name: FAIRFIELD CAPITAL CO, RP.
Address: 57 VANDERLYN DRIVE
City-St-Zip: MANHASSET, NY 11030

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN GLYNN

MR

08/23/2006

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