

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000076027 1. Entity Name PELICAN II, LLC			
Principal Place of Business 1540 SE 8TH STREET DEERFIELD BEACH, FL 33441		Mailing Address 1540 SE 8TH STREET DEERFIELD BEACH, FL 33441	
2. Principal Place of Business - No P.O. Box # 399 W. Camino Gardens Blvd.		3. Mailing Address Suite, Apt. #, etc. Suite 300	
Suite, Apt. #, etc. Suite 300 City & State Boca Raton, FL 33432		City & State City & State Boca Raton, FL 33432	
Zip 33432		Country Palm Beach	
4. FEI Number 20-3404448		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST 2ND STREET SUITE 2900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name John C. Kaczmarek, P.A. Street Address (P.O. Box Number is Not Acceptable) 399 W. Camino Gardens Blvd. Suite 300 City Boca Raton FL 33432	
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 <i>John C. Kaczmarek</i> Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)		DATE	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM WINE, MICHAEL 1540 SE 8TH STREET DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6000 NE Bayshore Court, Inc 399 W. Camino Gardens Boulevard Suite 300 Boca Raton, Florida 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: <i>Robert K. McCann</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 6/28/07	
Telephone Phone #		561-368-6609	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06272007 Chg-LLC CR2E083 (12/06)

JOHN C. KACZMAREK, P.A.
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399 W. CAMINO GARDENS BOULEVARD
SUITE 300
BOCA RATON, FLORIDA 33432

TELEPHONE: (561) 368-6609

FAX: (561) 394-2970

December 3, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Pelican II LLC
Document #900105118989

Dear Sirs:

On the Division of Corporations Website the name of the Manager is incorrect. The name should read 8000N.E. Bayshore Court, Inc. Please correct the Website.. I am enclosing a copy of the 2007 limited Liability Company Amended Annual Report that was filed July 2, 2007.

Thank you for your attention to this matter.

Sincerely,



Diane Smith
Legal Assistant