## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000084512

Entity Name: PELICAN PARADISE, LLC

415 NORTHEAST 2ND STREET, SUITE 218

HALLANDALE, FL 33009

Address:

City-St-Zip:

FILED Feb 03, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 415 NORTHEAST 2ND STREET, SUITE 218 HALLANDALE, FL 33009 **Current Mailing Address: New Mailing Address:** 415 NORTHEAST 2ND STREET, SUITE 218 HALLANDALE, FL 33009 FEI Number: 14-1936822 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete DOUMECQ, JEAN M Name: Name: Address: 415 NORTHEAST 2ND STREET, SUITE 218 Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: DOUMECQ, MARIE J Name: Address: 415 NORTHEAST 2ND STREET, SUITE 218 Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: () Delete Title: () Change () Addition MORIN, LINDA Name: Name: 415 NORTHEAST 2ND STREET, SUITE 218 Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: DOUMECQ, JEAN M Name:

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.

Address:

City-St-Zip:

SIGNATURE: DOUMECQ, JEAN MGR 02/03/2006