

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084512

Entity Name: PELICAN PARADISE, LLC

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

415 NORTHEAST 2ND STREET, SUITE 218
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

415 NORTHEAST 2ND STREET, SUITE 218
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 14-1936822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDRE, DIXON
2800 W. OAKLAND PARK BLVD
SUITE 101
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: DOUMECQ, JEAN-MICHEL
Address: 415 NORTHEAST 2ND STREET, SUITE 218
City-St-Zip: HALLANDALE, FL 33009

Title: MGR () Delete
Name: DOUMECQ, MARIE J
Address: 415 NORTHEAST 2ND STREET, SUITE 218
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: MORIN, LINDA
Address: 415 NORTHEAST 2ND STREET, SUITE 218
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: DOUMECQ, JEAN-MICHEL
Address: 415 NORTHEAST 2ND STREET, SUITE 218
City-St-Zip: HALLANDALE, FL 33009

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 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: DOUMECQ JEAN MICHEL

MGR

02/24/2009

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