
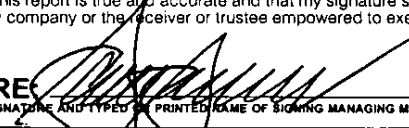


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90039 035 ***138.75

| | | | | | |
|--|---------------------------------|--|--|---|--|
| DOCUMENT # L05000112284 | | | |  | |
| 1. Entity Name PELICO ROAD, LLC | | | | | |
| Principal Place of Business 201 FRONT ST., SUITE 109 KEY WEST, FL 33040 | | | Mailing Address 201 FRONT ST., SUITE 109 KEY WEST, FL 33040 | | |
| 2. Principal Place of Business - No P.O. Box # 412 White Street | | 3. Mailing Address 412 White Street | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Key West, FL | | City & State Key West, FL | | 4. FEI Number 20-3827542 | |
| Zip 33040 | | Country MONROE | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SAUNDERS, SCOTT 201 FRONT ST., SUITE 109 KEY WEST, FL 33040 | | 7. Name and Address of New Registered Agent Name SAUNDERS, SCOTT Street Address (P.O. Box Number is Not Acceptable) 412 White Street City Key West FL Zip Code 33040 | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGR | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SAUNDERS, SCOTT | | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 201 FRONT ST., SUITE 109 | | STREET ADDRESS | 412 White Street | |
| CITY-ST-ZIP | KEY WEST, FL 33040 | | CITY-ST-ZIP | Key West, FL 33040 | |
| TITLE | MGR | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SAUNDERS, ANDREW | | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 201 FRONT ST., SUITE 109 | | STREET ADDRESS | 412 White Street | |
| CITY-ST-ZIP | KEY WEST, FL 33040 | | CITY-ST-ZIP | Key West, FL 33040 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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  | | | 1/14/08 (305) 294-5505 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |