2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# L06000002000

Entity Name: FIVE PELICAN INVESTMENTS, LLC

Current Principal Place of Business:

C/O IXORA REALTY
4760 TAMIAMI TRAIL, #24
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O IXORA REALTY
4760 TAMIAMI TRAIL, #24
NAPLES, FL 34103

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQ.
C/O CHEFFY, PASSIDOMO, ET AL
821 FIFTH AVE. SOUTH, SUITE 201
NAPLES, FL 34102 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:	MGRM	( ) Delete
Name:	ADDA, RENE	
Address:	4760 TAMIAMI TRAIL, #24	
City-St-Zip:	NAPLES, FL 34103	
Title:	MGRM	( ) Delete
Name:	BENBUNAN, JEAN L	
Address:	4760 TAMIAMI TRAIL, #24	
City-St-Zip:	NAPLES, FL 34103	
Title:	MGRM	( ) Delete
Name:	KANOUI, AIME	
Address:	4760 TAMIAMI TRAIL, #24	
City-St-Zip:	NAPLES, FL 34103	

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:	

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: RENE ADDA MGRM 03/14/2007

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