

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021888

Entity Name: PELICAN HOMES, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

5120 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 9663
TREASURE ISLAND, FL 33740 US

New Mailing Address:

FEI Number: 20-4454734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRA ZACHOW SALVEGGI CPA PA
6740 CROSSWINDS DR N
STE L2
ST. PETERSBURG, FL 33710 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: LETOURNEAU, SUZANNE
Address: 12350 17TH ST
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: MGRM () Delete
Name: LANGFORD, KENDALL
Address: 6700 EMERSON AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: MGRM (X) Delete
Name: LANGFORD, KENDALL
Address: 6700 EMERSON AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LETOURNEAU, SUZANNE
Address: 12350 7TH ST
City-St-Zip: TREASURE ISLAND, FL 33706 US

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: SUZANNE LETOURNEAU

MGRM

04/27/2009

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