

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029856

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: PELICAN POINT PROPERTIES LLC

**Current Principal Place of Business:**

9202 GULF BEACH HWY  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

9202 GULF BEACH HWY  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: 56-2596572      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PITTS, SHARON R  
9202 GULF BEACH HIGHWAY  
PENSACOLA, FL, FL 32507      US

**Name and Address of New Registered Agent:**

PITTS, SHARON R  
9202 GULF BEACH HIGHWAY  
PENSACOLA, FL 32507      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:

03/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: PITTS, KENNETH D  
Address: 9202 GULF BEACH HIGHWAY  
City-St-Zip: PENSACOLA, FL 32507

Title: MGR ( ) Delete  
Name: PITTS, SHARON R  
Address: 9202 GULF BEACH HIGHWAY  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PITTS, KENNETH D  
Address: 9202 GULF BEACH HIGHWAY  
City-St-Zip: PENSACOLA, FL 32507

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: KENNETH D PITTS

MGRM

03/23/2009

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