

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033388

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: PELICAN COVE ON THE BAY, LLC

**Current Principal Place of Business:**

7035 GLENEAGLE DR.  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

7035 GLENEAGLE DR.  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 20-4713209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DE LA CRUZ, LUIS F  
TWO ALHAMBRA PLAZA, PH2-C  
CORAL GABLES, FL 33134 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: RODRIGUEZ, CARLOS  
Address: 7035 GLENEAGLE DR.  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Delete  
Name: RUBALCABAL, LUIS  
Address: 17080 SW 92ND AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: MGR ( ) Delete  
Name: BOLUFÉ, RAUL  
Address: 5601 WEST FLAGLER  
City-St-Zip: MIAMI, FL 33134

**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 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: LUIS RUBALCABAL

MGR

04/08/2009

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