

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4/ FILED
Jun 04, 2008 8:00 am
Secretary of State

04-23-2008 90130 013 ***138.75

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04092008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000085471			
1. Entity Name PELICAN MARINE PRODUCTS, LLC			
Principal Place of Business 2401 NORTHEAST 18TH PLACE UNIT B OCALA, FL 34479		Mailing Address 2401 NORTHEAST 18TH PLACE UNIT B OCALA, FL 34479	
2. Principal Place of Business - No P.O. Box # 110 SE 2nd Ave Suite, Apt. #, etc.		3. Mailing Address 110 SE 2nd Ave Suite, Apt. #, etc.	
City & State Crystal River, FL Zip 34429 Country USA		City & State Crystal River, FL Zip 34429 Country USA	
4. FEI Number 26-0783871		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCORMICK, JOHN M 2401 NORTHEAST 18TH PLACE UNIT B OCALA, FL 34479		7. Name and Address of New Registered Agent Name John M McCormick Street Address (P.O. Box Number is Not Acceptable) 110 SE 2nd Ave City Crystal River FL Zip Code 34429	
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 <i>John M McCormick</i> DATE 4-14-08 <small>Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$358.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCORMICK, JOHN M 2401 NORTHEAST 18TH PLACE, UNIT B OCALA, FL 34479 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	110 SE 2nd Ave Crystal River, FL 34429 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.			
SIGNATURE: <i>John M McCormick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4-14-08 Daytime Phone # 352-246-2273	