

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090900

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** PELICAN BAY BURNT STORE, LLC

**Current Principal Place of Business:**

26381 SOUTH TAMIAMI TRAIL  
SUITE 300  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

26381 SOUTH TAMIAMI TRAIL  
SUITE 300  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

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

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

AVOLIO, ROBERT P ESQ.  
2730 U.S. #1 SOUTH  
SUITE J  
ST. AUGUSTINE, FL 32086 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:            NASHMAN, JAMES A  
Address:        26381 SOUTH TAMIAMI TRAIL  
City-St-Zip:    BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES:**

Title:            MGRM            (X) Change ( ) Addition  
Name:            NASHMAN, JAMES A  
Address:        26381 SOUTH TAMIAMI TRAIL, SUITE 300  
City-St-Zip:    BONITA SPRINGS, FL 34134

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: JAMES A. NASHMAN                      MGRM                      04/28/2008

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