

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005542

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: PELICAN REEF OF ST. AUGUSTINE, LLC

**Current Principal Place of Business:**

601-B SOUTH PONCE DE LEON BLVD.  
ST. AUGUSTINE, FL 32085

**New Principal Place of Business:**

105 MARINER HEALTH WAY  
201  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

P.O. DRAWER 70  
ST. AUGUSTINE, FL 320850070

**New Mailing Address:**

FEI Number: 26-4586232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRAZIER, W. ROBINSON  
1515 RIVERSIDE AVE., SUITE A  
JACKSONVILLE, FL 32204 US

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

THOMPSON, PAUL J  
105 MARINER HEALTH WAY  
201  
ST AUGUSTINE, FL 32086 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: PAUL J. THOMPSON

04/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THOMPSON, PIERRE D  
Address: 601-B SOUTH PONCE DE LEON BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: MGR ( ) Delete  
Name: THOMPSON, PAUL J  
Address: 601-B SOUTH PONCE DE LEON BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32085

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: THOMPSON, PIERRE D  
Address: 105 MARINER HEALTH WAY STE 201  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR (X) Change ( ) Addition  
Name: THOMPSON, PAUL J  
Address: 105 MARINER HEALTH WAY STE 201  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: PAUL J. THOMPSON

MGR

04/03/2009

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