



**2004 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

86.00

04-DEC-13 AM 7:58
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002288			
1. Entity Name PELICAN HOTEL L.L.C.			
Principal Place of Business 425 E. 61ST STREET NEW YORK, NY 10021		Mailing Address 425 E. 61ST STREET NEW YORK, NY 10021	
2. Principal Place of Business c/o A.I. Boymelgreen Suite, Apt. #, etc. 700 Pacific Street		3. Mailing Address c/o A.I. Boymelgreen Suite, Apt. #, etc. 700 Pacific Street	
City & State Brooklyn, NY		City & State Brooklyn, NY	
Zip 11217	Country USA	Zip 11217	Country USA
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST SECOND STREET SUITE 2900 MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	Zip Code
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$50.00			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM METROPOLITAN QUIK PARK OF SOUTH FLORIDA 425 EAST 61ST STREET NEW YORK, NY 10021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Olympia Florida LLC c/o A.I. Boymelgreen, 700 Pacific St., Brooklyn, New York 11217 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.			
See Attached Signature Page			
SIGNATURE:		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

BK



11052004 Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4068298 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

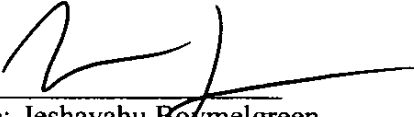
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[Signature Page to 2004 Limited Liability Company Amended Annual Report]

PELICAN HOTEL L.L.C.

By: OLYMPIA FLORIDA LLC, its managing member

By: 
Name: Jeshayahu Boymelgreen
Title: President

Date: 12/9/04

Daytime Phone #: (718) 398-3200

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