

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 12 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008363

1. Entity Name
PELICAN DEVELOPMENT, L.L.C.

Principal Place of Business
601 POYDRAS STREET, SUITE 2011
NEW ORLEANS LA 70130

Mailing Address
601 POYDRAS STREET, SUITE 2011
NEW ORLEANS LA 70130-6029

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country Zip Country

4. FEI Number
62-1802361

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DUCOTE, CHAPMAN
90 ALTON ROAD, SUITE 1911
MIAMI BEACH FL 33139

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
TITLE NAME CHIEF FINANCIAL OFFICER
STREET ADDRESS YOLANDE A. BERNARD - MGR
CITY-ST-ZIP 601 POYDRAS ST. SUITE 2011
NEW ORLEANS, LA. 70130

10. ADDITIONS/CHANGES
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

5000032966
-06/20/00--01041--019
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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/26/00

504-525-9017

Date Daytime Phone #

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CR2E08319/99