

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2008 08:00 AM
Secretary of State

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**



02202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1802361

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BERNARD, YOLANDE A
601 POYDRAS STREET, SUITE 2011
NEW ORLEANS, LA 70130**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000834863
02/29/08-80009-023 138.75

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/20/08

Date

504-525-9017

Daytime Phone #