

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001264

Entity Name: PELICAN POINTE, LLC

FILED
Mar 09, 2006
Secretary of State

Current Principal Place of Business:

114 EDWARDS FERRY ROAD
2ND FLOOR
LEESBURG, VA 20176

New Principal Place of Business:

PO BOX 1017
MIDDLETOWN, MD 21769

Current Mailing Address:

114 EDWARDS FERRY ROAD
2ND FLOOR
LEESBURG, VA 20176

New Mailing Address:

PO BOX 1017
MIDDLETOWN, MD 21769

FEI Number: 54-2031735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIQ CORPORATE SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309 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: JARS, LLC,
Address: 114 EDWARDS FERRY RD 2ND FLOOR
City-St-Zip: LEESBURG, VA 20176

Title: MGR () Delete
Name: CHAPIN, STEPHEN JR
Address: 16 CORNWALL ST NE
City-St-Zip: LEESBURG, VA 20176

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JARS, LLC,
Address: PO BOX 1017
City-St-Zip: MIDDLETOWN, MD 21769

Title: MGR (X) Change () Addition
Name: CHAPIN, STEPHEN JR
Address: 5114 EDGEMOOR LANE
City-St-Zip: BETHESDA, MD 20814

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN CHAPIN JR

MGR

03/09/2006

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