

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M01000001264

Entity Name: PELICAN POINTE, LLC

FILED
Sep 14, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 1017
MIDDLETOWN, MD 21769

New Principal Place of Business:

3250 MARY STREET
SUITE 306
MIAMI, FL 33133 US

Current Mailing Address:

PO BOX 1017
MIDDLETOWN, MD 21769

New Mailing Address:

3250 MARY STREET
SUITE 306
MIAMI, FL 33133 US

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:

ALAN W. LEVINE, ESQUIRE
1110 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33131 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: ALAN W. LEVINE

09/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STYLES HOLDINGS, LLC,
Address: 3250 MARY STREETE, SUITE 306
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL C. STEINFURTH

MGR

09/14/2006

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