


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000004306
1. Entity Name
PELICAN BAY, LLC



Principal Place of Business 1605 S. STATE STREET SUITE 112 CHAMPAIGN, IL 61820	Mailing Address 1605 S. STATE STREET SUITE 112 CHAMPAIGN, IL 61820
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 32-0026515	Applied For Not Applicable
5. Certificate of Status Destroyed <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASALINO, GREGG M
3111 CARDINAL DRIVE
VERO BEACH, FL 32963

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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 re-registering)

Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENNEMAN, MICHAEL J 1605 S. STATE STREET CHAMPAIGN, IL 61820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHMIDT, RODRICK L 1605 S. STATE STREET CHAMPAIGN, IL 61820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEELING, DAVID F 1605 S. STATE STREET CHAMPAIGN, IL 61820
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02/23/04-80056-023 50.00

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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: Rodrick L. Schmidt 2/16/04 (217) 390-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #