

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002415

Entity Name: PELICAN REALTY, LLC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

424 N. NELSON STREET
ARLINGTON, VA 22203

New Principal Place of Business:

605 MARSHALL STREET
LEXINGTON, VA 24450

Current Mailing Address:

424 N. NELSON STREET
ARLINGTON, VA 22203

New Mailing Address:

605 MARSHALL STREET
LEXINGTON, VA 24450

FEI Number: 01-0809898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLARD, PATRICIA
9310 OLD KING ROAD SOUTH
SUITE 802
JACKSONVILLE, FL 32257 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: CRAIG AND RENEE LERNER
Address: 424 N. NELSON STREET
City-St-Zip: ARLINGTON, VA 22203

Title: MGRM () Delete
Name: PETER AND MARJORIE HANSEN
Address: 605 MARSHALL STREET
City-St-Zip: LEXINGTON, VA 24450

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HANSEN, PETER J MR.
Address: 605 MARSHALL STREET
City-St-Zip: LEXINGTON, VA 24450

Title: MGRM (X) Change () Addition
Name: HANSEN, MARJORIE K MRS.
Address: 605 MARSHALL STREET
City-St-Zip: LEXINGTON, VA 24450

I hereby certify that the information supplied with this filing does not qualify 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: PETER J. HANSEN

MGRM

04/08/2009

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