2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000000310

1. Entity Name

PELICAN BAY EQUIPMENT LEASING, LLC



FILED May 01, 2008 08:00 Al Secretary of State

Principal Place of Business

6597 NICHOLAS BLVD.

PH11

NAPLES, FL 34108

Mailing Address

6597 NICHOLAS BLVD.

PH11

DOMOTEWRITE IN THIS SPACE

NAPLES, FL 34108



04252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8217956

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEINERS, LOUIS M JR. 3073 HORSESHOE DRIVE SOUTH **SUITE 210** NAPLES, FL 34104

DO NOTAWRITE 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent algosture required when reinstating)

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

U000000936874° 05/27/08-80025-025 138.75

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM COMMITTE, THOMAS C JR. 6597 NICHOLAS BLVD. NAPLES, FL 34108 MGRM	
NAME STREET ADDRESS CITY-ST-ZIP	COMMITTE, MARH H JR. 6597 NICHOLAS BLVD. NAPLES, FL 34108	
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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

Thomas

Committe In

4/29/08

239-248-5608

Date

Daytime Phone #