
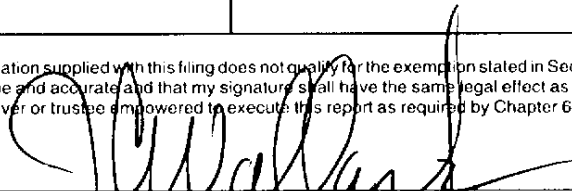


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M98000000547			
PELICAN LANDING OF GEORGIA, LLC 5370 OAKDALE ROAD SMYRNA GA 30082		1a. Principal Place of Business Address 5370 OAKDALE ROAD SMYRNA GA 30082			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/29/1998	
City & State		City & State		4. FEI Number	
Zip		Zip		58-2389545	
Country		Country		5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
BEAUDRY, JO 5031 NORTH BEACH ROAD, APT. 112B MANASOTA KEY FL 34223				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature is required when re-appointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	WALLACE, JAMES C JR.	5370 OAKDALE ROAD		SMYRNA GA	
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 					
SIGNATURE AND TITLE OF PREPARED BY (NAME OF PERSON OR FIRM) (NAME OF MANAGER)					

FILED
STATE OF FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 19 2004

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****\$88.75 ****197.54
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