

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 FEB -4 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000547

1. Entity Name
PELICAN LANDING OF GEORGIA, LLC



Principal Place of Business
**5370 OAKDALE ROAD
SMYRNA, GA 30082**

Mailing Address
**5370 OAKDALE ROAD
SMYRNA, GA 30082**

BK



2. Principal Place of Business

3. Mailing Address

01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number
58-2389545

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BEAUDRY, JO
5031 NORTH BEACH ROAD, APT. 112B
MANASOTA KEY, FL 34223**

7. Name and Address of New Registered Agent

Name **C.T. Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd
City **PLANTATION** FL Zip Code **33324**

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.

Allan Farnell, Vice President

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **WALLACE, JAMES C JR.**
STREET ADDRESS **5370 OAKDALE ROAD**
CITY - ST - ZIP **SMYRNA, GA 30082**

TITLE ☐ Delete
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CITY - ST - ZIP

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CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME **700046660237**
STREET ADDRESS **02/15/05-01080--013 **50.00**
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-21-05

4048791400

Date

Daytime Phone #