2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000040728 1. Entity Name PELICAN BAY CLUB, INC.			FILED 05 MAY -2 PM 5: 36				
Principal Place of Business •4700 MILLENIA BLVD. SUITE 340 ORLANDO, FL 32839	Mailing Address 4700 MILLENIA BLVD. SUITE 340 ORLANDO, FL 32839		SECRETART OF STATE TALLAHASSEE, FLORIDA				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			02092005 4. FEI Numbe 43-198	No Chg-P	CR2E034 (10/03) Applied For Not Applicable 75 Additional Required	
KIRKLAND, PATRICK B 4700 MILLENIA BLVD. STE 340 ORLANDO, FL 32839	DO NOT WRITE IN THIS SPACE						
B. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150. After May 1, 2005 Fee will be \$.00 May Be led to Fees		•			
TITLE DPST NAME KIRKLAND, PATRICK B	KIRKLAND, PATRICK B 4700 MILLENIA BLVD., STE. 340 ORLANDO, FL 32839			300054279163 05/11/0501042002 **510.00			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DO NOT WRITE IN THIS SPACE						
CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDRESS F-ZIP ADDRESS			\$R515			
12. I hereby certify that the information exposited 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 or supplemental eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reference or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an arthress, with an other line empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							