2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029727

Entity Name: THP PELICAN ISLES CORPORATION

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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6535 NOVA DRIVE, SUITE 106 2900 N 26TH AVE **DAVIE, FL 33317**

108

HOLLYWOOD, FL 33020 US

Current Mailing Address: New Mailing Address:

6535 NOVA DRIVE, SUITE 106 2900 N 26TH AVE

DAVIE, FL 33317 US 108

HOLLYWOOD, FL 33020 US

FEI Number: 30-0158033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCDONOUGH, BRIAN J TRIAD RESIDENTIAL MANAGEMENT CORP 2200 MUSEUM TOWER

2900 N 26TH AVE 150 WEST FLAGER STREET 108

MIAMI, FL 33130 US HOLLYWOOD, FL 33020 US

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: OLIVER PFEFFER 04/29/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PFEFFER, OLIVER PFEFFER, OLIVER Name: Name: 6535 NOVA DRIVE, SUITE 106 2900 N 26TH AVE #108 Address: Address:

City-St-Zip: DAVIE, FL 33317 US City-St-Zip: HOLLYWOOD, FL 33020 US

Title: Title: (X) Change () Addition () Delete Name: SCHULTZ, DAVID Name: SCHULTZ, DAVID

6535 NOVA DRIVE, SUITE 106 2900 N 26TH AVE #108 Address: Address: DAVIE, FL 33317 US HOLLYWOOD, FL 33020 US City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition

REICH, DAVID Name: REICH, DAVID Name:

6535 NOVA DRIVE, SUITE 106 2900 N 26TH AVE #108 Address: Address: City-St-Zip: DAVIE, FL 33317 US City-St-Zip: HOLLYWOOD, FL 33020 US

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVER PFEFFER D 04/29/2009