


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90022 023 ****50.00

DOCUMENT # L02000021493	
1. Entity Name BEARBECK, LLC	

Principal Place of Business 5022 S.W. 91ST DR. GAINESVILLE FL 32608	Mailing Address 5022 S.W. 91ST DR. GAINESVILLE FL 32608
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MOORE CR2E083 (11/03)

2. Principal Place of Business 7610 SE 170 LONGVIEW LN	3. Mailing Address 7610 SE 170 LONGVIEW LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State THE VILLAGES FL	City & State THE VILLAGES FL	4. FEI Number 82-0566328	Applied For <input type="checkbox"/> Not Applicable
Zip 32162	Country MARION	Zip 32162	Country MARION

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
HOWE, DAVID A 5022 S.W. 91ST DR. GAINESVILLE FL 32608

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 7610 SE 170 LONGVIEW LN
City, State, Zip Code THE VILLAGES FL 32162

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWE, DAVID 5022 SW 91 DR. GAINESVILLE FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWE, KATHRYN B 5022 SW 91 DR. GAINESVILLE FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7610 SE 170 LONGVIEW LN THE VILLAGES FL 32162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7610 SE 170 LONGVIEW LN THE VILLAGES FL 32162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David A Howe* **DAVID A HOWE**
MANAGING MEMBER 4/20/04 352-378-6012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #