


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000021493

1. Entity Name  
 BEARBECK, LLC



Principal Place of Business      Mailing Address

7610 SE 170 LONGVIEW LANE      7610 SE 170 LONGVIEW LANE  
 LADY LAKE, FL 32162              LADY LAKE, FL 32162

**DO NOT WRITE IN THIS SPACE**



01072006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
 82-0566328      Not Applicable

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

6. Name and Address of Current Registered Agent

HOWE, DAVID A  
 7610 SE 170 LONGVIEW LANE  
 LADY LAKE, FL 32162

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
 Due by May 1, 2006

000000516344  
 04/29/06-80245-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWE, DAVID 7610 SE 170 LONGVIEW LANE LADY LAKE, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWE, KATHRYN B 7610 SE 170 LONGVIEW LANE LADY LAKE, FL 32162
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Kathryn B Howe* KATHRYN B HOWE      353-751-4874  
 \_\_\_\_\_      4/15/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #