

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037715

FILED
Apr 05, 2005
Secretary of State

Entity Name: GOLDEN BEAR INTERIORS, LLC

Current Principal Place of Business:

11780 U.S. HWY. 1, STE. 500
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11780 U.S. HWY. 1, STE. 500
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 56-2401538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAILE, SHAW & PFAFFENBERGER, P.A.
11780 U.S. HWY. 1, STE. 300
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

HAILE, SHAW & PFAFFENBERGER, P.A.
660 U. S. HIGHWAY ONE
3RD FLOOR
NORTH PALM BEACH, FL 33408 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: OREN S. TASINI, ESQ

04/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: NICKLAUS, BARBARA B
Address: 11780 U.S. HWY ONE SUITE 500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGR () Delete
Name: O'LEARY, NANCY N
Address: 11780 U. S. HWY ONE SUITE 500
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BARBARA B. NICKLAUS

MGR

04/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date