


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-23-2004 90150 011 ***150.00

DOCUMENT # L00000009021					
1. Entity Name MY FOUR BEARS, LLC					
Principal Place of Business 3018 SAVAGE ROAD SARASOTA, FL 34231			Mailing Address 3018 SAVAGE ROAD SARASOTA, FL 34231		
2. Principal Place of Business 3018 Savage Road		3. Mailing Address 3018 Savage Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota, Florida		City & State Sarasota, Florida		4. FEI Number 65-1027390	
Zip 34231-7121		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ZIEGENFELDER, BARBARA 3018 SAVAGE ROAD SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name Allen E. Langdon, Ph.D. Street Address (P.O. Box Number is Not Acceptable) 125 First Avenue City Nokomis FL 34275-4242		
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 <i>Allen E. Langdon, Ph.D.</i> August 20, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIEGENFELDER, BARBARA L PRESIDE 3018 SAVAGE ROAD SARASOTA, FL 34231	<input type="checkbox"/> Delete			
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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: <i>Barbara Langdon CEO</i>				August 20, 2004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

Attachment
24080630

August 20, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Annual Corporate Filing

To Whom It May Concern:

Could you please see it in your heart to relieve the late penalty due to the fact that I was not aware that I had not received the postcard that you sent out this year and not the form? My accountant has informed me that I had not paid the annual fee and sent me the form to send in. I'm sorry for this oversight and my accountant assures me that he will now be tracking to make sure that all of the corporations that he works on will file the proper annual report with fee in the future.

Thank you in advance for your consideration on this matter.

Sincerely,

Barbara Sanders

My Four Bears, LLC
Document Number: L00000009021
Barbara L. Sanders - Manager, CEO
3018 Savage Road
Sarasota, FL 34231-7121