2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

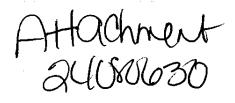
Aug 23, 2004 8:00 am Secretary of State DOCUMENT # L00000009021 08-23-2004 90150 011 ***150 00 1. Entity Name MY FOUR BEARS, LLC Principal Place of Business Mailing Address 3018 SAVAGE ROAD 3018 SAVAGE ROAD SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business 3. Mailing Address 3018 Savage Road 3018 Savage Road Suite, Apt. #, etc. Suite, Apt. #, etc 08202004 CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Sarasota, Florida Sarasota, Florida 65-1027390 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 34231-7121 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Allen E. Langdon, Ph.D. ZIEGENFELDER, BARBARA Street Address (P.O. Box Number is Not Acceptable) 3018 SAVAGE ROAD SARASOTA, FL 34231 125 First Avenue **Nokomis** 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. 1 am familiar with, and accept the obligations of registered agen August 20, 2004 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. D, CEO, MGR MGR **≍**į Change ■ Addition TITLE ☐ Delete TITLE ZIEGENFELDER, BARBARA L PRESIDE Sanders, Barbara L. NAME NAME 3018 SAVAGE ROAD 3018 Savage Road STREET ADDRESS STREET ADDRESS Sarasota, FL 34231-7121 CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-7IP Delete TITLE TITLÈ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

August 20, 2004

Daytime Phone #



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,

My Four Bears, LLC

Document Number: L00000009021

Barbara L. Sanders - Manager, CEO

3018 Savage Road

Sarasota, FL 34231-7121