

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90394 031 \*\*\*\*50.00

**DOCUMENT # L00000015744**

1. Entity Name

**BIG BEAR DEVELOPMENTS, LLC**

Principal Place of Business

**2801 S.W. 3RD AVE., UNIT F-12  
FORT LAUDERDALE FL 33315**

Mailing Address

**1062 SE 22ND AVE  
POMPANO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-1062350**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EASTWOOD, JULIA  
1062 SE 22ND AVE  
POMPANO BEACH FL 33062**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **EASTWOOD, JULIA**  
STREET ADDRESS **2801 SW 3RD AVE., UNIT F12**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **V** ☐ Delete  
NAME **EASTWOOD, GREG**  
STREET ADDRESS **2801 SW 3RD AVE., UNIT F12**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/25/02**  
Date**954 770 9689**  
Daytime Phone #

CR2E083 (9/01)