

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016262

FILED
Apr 16, 2004
Secretary of State

Entity Name: AIR BEAR, LLC

Current Principal Place of Business:

11780 U.S. HIGHWAY #1 SUITE 400
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

11780 U.S. HIGHWAY #1 SUITE 500
NORTH PALM BEACH, FL 33408

Current Mailing Address:

11780 U.S. HIGHWAY #1 SUITE 400
NORTH PALM BEACH, FL 33408

New Mailing Address:

11780 U.S. HIGHWAY #1 SUITE 500
NORTH PALM BEACH, FL 33408

FEI Number: 65-1076471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY #1 SUITE 400
NORTH PALM BEACH, FL 33408

Name and Address of New Registered Agent:

HAILE, SHAW & PFAFFENBERGER, P.A.
11780 U.S. HIGHWAY #1 SUITE 300
NORTH PALM BEACH, FL 33408

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

04/16/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GOLDEN BEAR INTERNAT, IONAL INC
Address: 11780 US HWY ONE #400
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOLDEN BEAR INTERNAT, IONAL INC
Address: 11780 US HWY ONE #500
City-St-Zip: NORTH PALM BEACH, FL 33408

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: DONNA DOTY

S

04/16/2004

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