2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000007321

1. Entity Name
THREE BEARS TRADING CO., L.L.C.

Principal Place of Business	Mailing Address
1901 FOGERTY AVE KEY WEST, FL 33040	1901 FOGERTY AVE KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

04182004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1129748

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VINCENT, MICHAEL W
1901 FOGARTY AVE
KEY WEST, FL 33040

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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 W. Michael Vincent W. MICHAEL VINCENT 4-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000123363
04/22/04-80001-025 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KESSINGER, CHARLES W
STREET ADDRESS	1901 FOGARTY AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	SD
NAME	VINCENT, W. MICHAEL
STREET ADDRESS	1901 FOGARTY AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	MGRM
NAME	VINCENT, W. MICHAEL
STREET ADDRESS	1901 FOGARTY AVE
CITY-ST-ZIP	KEY WEST, FL 33040
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: W. Michael Vincent W. MICHAEL VINCENT 4-20-04 305-296-7534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #