

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90054 047 ****50.00

DOCUMENT # L01000007321

1. Entity Name

THREE BEARS TRADING CO., L.L.C.



Principal Place of Business

1901 FOGARTY AVE
KEY WEST FL 33040

Mailing Address

1901 FOGARTY AVE
KEY WEST FL 33040



2. Principal Place of Business

651 WILLIAM ST

3. Mailing Address

PO BOX 4819

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

KEY WEST FI

City & State

KEY WEST FI

4. FEI Number

65-1129748

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33040

Country

USA

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

7. Name and Address of New Registered Agent

Name
VINCENT, MICHAEL W
Street Address (P.O. Box Number is Not Acceptable)
1416 WHITE ST

City KEY WEST

FL

Zip Code
33040

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

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 Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME KESSINGER, CHARLES W
STREET ADDRESS 1901 FOGARTY AVE
CITY-ST-ZIP KEY WEST FL 33040

TITLE SD ☒ Delete
NAME VINCENT, W. MICHAEL
STREET ADDRESS 1901 FOGARTY AVE
CITY-ST-ZIP KEY WEST FL 33040

TITLE MGRM ☐ Delete
NAME VINCENT, W. MICHAEL
STREET ADDRESS 1901 FOGARTY AVE
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME JOHN GRAHAM STIMIS
STREET ADDRESS 1026 SAINT CLAUDE AVE
CITY-ST-ZIP NEW ORLEANS LA 70114

TITLE SD ☐ Change ☒ Addition
NAME ROBERT GALLAHER
STREET ADDRESS 1416 WHITE ST
CITY-ST-ZIP KEY WEST FI 33040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/8/2005 305-978-5723