
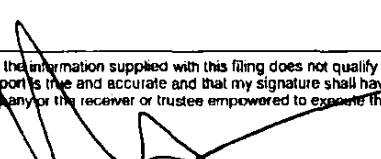


06-26-2006 90272.031 *****50.00

DOCUMENT # L01000017064			
1. Entity Name PENDALBEAN, LLC		06-26-2006 90272 031 ****50.00	
Principal Place of Business 1012 ANGLERS COVE D306 MARCO ISLAND, FL 34145		Mailing Address P.O. BOX 5065 MARCO ISLAND, FL 34145	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent WALTHOUR, MATTHEW 1544 MAINSAIL DRIVE, #1 NAPLES, FL 34114		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTHOUR, MATTHEW 1544 MAINSAIL DR #11 NAPLES, FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GASPERE LOBAGLIO 1012 ANGLERS COVE D306 MARCO ISLAND, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALO, ROSE 16 SUMMERWIND DRIVE LAKEWOOD, NJ 08701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAUDERDALE, ROBERT 1534 MAINSAIL DR NAPLES, FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		2/1/06 239-3899140	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

ATTACHMENT

Pendalbean LLC
PO Box 5065
Marco Island, FL 34145
Phone: 239 389 9140

Division Of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

4009.7268
601000617064

To whom it may concern,

Please find enclosed a duplicate of our corporate report.

After checking with our bank to see if the checks that we submitted back in February of this year I became concerned about the status of our filing. I call the office of the Davison Corporate to check on the status of my account, and was advised the there was no record of my filing. The reprehensive ask me to send a duplicate of the report with a new check along with this letter.

Thank you for help in this matter,


Matthew Walthour, MGR