

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90261 022 \*\*\*\*50.00

<b>DOCUMENT # L02000020425</b> 1. Entity Name <b>BEAR'S CLUB BUILDERS, L.L.C.</b>					
Principal Place of Business <b>2000 PGA BLVD., SUITE 2204 NORTH PALM BEACH, FL 33408</b>			Mailing Address <b>2000 PGA BLVD., SUITE 2204 NORTH PALM BEACH, FL 33408</b>		
2. Principal Place of Business <b>2000 PGA BLVD.</b> <small>Suite, Apt. #, etc.</small> <b>Suite 2202</b>		3. Mailing Address <b>2000 PGA BLVD.</b> <small>Suite, Apt. #, etc.</small> <b>Suite 2202</b>			
<small>City &amp; State</small> <b>N. Palm Beach, FL</b>		<small>City &amp; State</small> <b>N. Palm Beach, FL</b>		4. FEI Number <b>01-0740588</b>	
<small>Zip</small> <b>33408</b>		<small>Country</small> <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHAW, DAVID M 11780 U.S. HIGHWAY ONE, SUITE 300 NORTH PALM BEACH, FL 33408</b>				7. Name and Address of New Registered Agent  <b>Halle, Shaw &amp; Pfaffenberger, P.A. 660 U.S. Highway #1, 3rd Floor North Palm Beach, FL 33408</b>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>James H. Schnare II</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>2/21/06</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>D BEAR'S CLUB DEVELOPMENT CO. 2000 PGA BLVD, STE 2204 NORTH PALM BEACH, FL 33408</b>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<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:**

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

**7/1/06**

Date

**561-630-5116**

Daytime Phone #