

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90022 023 \*\*\*\*50.00

**DOCUMENT # L02000021493**

1. Entity Name

BEARBECK, LLC



Principal Place of Business

5022 S.W. 91ST DR.  
GAINESVILLE FL 32608

Mailing Address

5022 S.W. 91ST DR.  
GAINESVILLE FL 32608

2. Principal Place of Business

7610 SE 170 LONGVIEW LN  
Suite, Apt. #, etc.

3. Mailing Address

7610 SE 170 LONGVIEW LN  
Suite, Apt. #, etc.



MOORE CR2E083 (11/03)

City & State

THE VILLAGES FL

City & State

THE VILLAGES FL

4. FEI Number

82-0566328

Applied For

Not Applicable

Zip

32162

Country

MARION

Zip

32162

Country

MARION

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOWE, DAVID A  
5022 S.W. 91ST DR.  
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7610 SE 170 LONGVIEW LN

City

THE VILLAGES

FL

Zip Code

32162

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME HOWE, DAVID  
STREET ADDRESS 5022 SW 91 DR.  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE MGR ☐ Delete  
NAME HOWE, KATHRYN B  
STREET ADDRESS 5022 SW 91 DR.  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7610 SE 170 LONGVIEW LN  
CITY-ST-ZIP THE VILLAGES FL 32162

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7610 SE 170 LONGVIEW LN  
CITY-ST-ZIP THE VILLAGES FL 32162

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 #

DAVID A HOWE

MANAGING MEMBER

4/20/04

352-378-6012