



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90034 048 ****50.00

DOCUMENT # L02000031931 1. Entity Name BEAR MEADOWS LIMITED LIABILITY COMPANY					
Principal Place of Business 12773 WEST FOREST HILL BLVD., STE. 206 WELLINGTON, FL 33414			Mailing Address 12773 WEST FOREST HILL BLVD., STE. 206 WELLINGTON, FL 33414		
2. Principal Place of Business 525 S. Flagler Drive Suite, Apt. #, etc. Suite 200		3. Mailing Address 525 S. Flagler Drive Suite, Apt. #, etc. Suite 200			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 22-3885871	
Zip 33401		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDERSON, A. FAXON JR. 12773 WEST FOREST HILL BLVD., STE. 206 WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 525 S. Flagler Drive, Suite 200 City West Palm Beach, FL Zip Code 33401	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAINHART, SHARON W 14656 BOXWOOD DRIVE PALM BEACH GARDENS, FL 33418 <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
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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 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: <u>Sharon W. Lainhart</u> Sharon W. Lainhart, Manager April 29, 2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					