# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (A3)

**FILED**
**May 10, 2004 8:00 am**
**Secretary of State**
04-22-2004 90360 013 ****50.00

34005714

DOCUMENT # L03000017775

1. Entity Name

BEAR CREEK MORTGAGE CAPITAL, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 37 NORTH ORANGE AVENUE, STE. 210<br>ORLANDO FL 32801 | 37 NORTH ORANGE AVENUE, STE. 210<br>ORLANDO FL 32801 |

MOORE CR2E083 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-1194407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GASDICK, MICHAEL J
37 NORTH ORANGE AVENUE, STE. 210
ORLANDO FL 32801

**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 Michael Gasdick 4-15-04
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 | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Managing Member<br>Michael Gasdick<br>37 N. Orange Ave, Ste 210<br>Orlando, FL 32801 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Managing Member<br>Marco Jubber<br>Affirmative Equities<br>161 Ave. of the Americas<br>NY NY 10013 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Managing Member<br>Jeffrey Goldstein<br>161 Ave. of the Americas<br>NY NY 10013 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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:** Michael Gasdick 4-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #