


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000037459</b> 1. Entity Name THE GOLDEN PEAR, LLC	
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Principal Place of Business 104 NIGHTINGALE LANE GULF BREEZE, FL 32561	Mailing Address 104 NIGHTINGALE LANE GULF BREEZE, FL 32561
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02032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0274973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  MATTHEWS, EDESEL F JR 308 S. JEFFERSON ST. PENSACOLA, FL 32502	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CROWELL, TINA M 3270 LOGAN DR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALLISON MCMILLIAN ROBERTS SINRAD 4389 D'VIRBUX DR PENSACOLA, FL 32504
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03/14/05-80094-021 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Tina M Crowell* *Allison Sinrad* *3/11/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #