

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90085 031 \*\*\*\*55.00

**DOCUMENT # L03000037459**

1. Entity Name  
THE GOLDEN PEAR, LLC



Principal Place of Business  
104 NIGHTINGALE LANE  
GULF BREEZE, FL 32561

Mailing Address  
104 NIGHTINGALE LANE  
GULF BREEZE, FL 32561

**DO NOT WRITE IN THIS SPACE**



07112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-0274973

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

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

MATTHEWS, EDELS F JR  
308 S. JEFFERSON ST.  
PENSACOLA, FL 32502

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by September 6, 2006**

**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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #