


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

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



03192007 No Chg-LLC

CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent MATTHEWS, EDELL 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 _____ (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, 2007**

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 SINROD 4380 D'EVEREUX DR. PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000718570
05/01/07-80025-024 50.00

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: Allison Sinrod 4/18/07 850-916-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #