


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90030 036 \*\*\*\*50.00

<b>DOCUMENT # L03000040702</b>	
1. Entity Name <b>BEAR LAKE AVIATION, L.L.C.</b>	

Principal Place of Business <b>4460 LEGENDARY DRIVE, SUITE 100 DESTIN, FL 32541</b>	Mailing Address <b>909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32547</b>
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2. Principal Place of Business	3. Mailing Address <b>4460 Legendary Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 100</b>
City & State	City & State <b>Destin, FL</b>
Zip	Country <b>32541 USA</b>



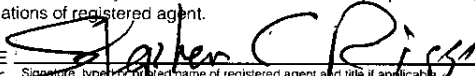
04022004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0312561</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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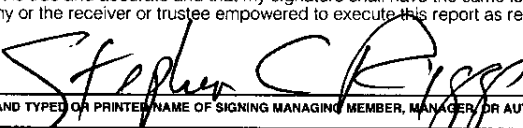
6. Name and Address of Current Registered Agent <b>FOSTER, WILLIAM S 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32547</b>	
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7. Name and Address of New Registered Agent	
Name <b>Stephen C Riggs</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4460 Legendary Dr. #100</b>	
City <b>Destin</b>	Zip Code <b>FL 32541</b>

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 	DATE <b>4/15/04</b>

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIGGS, STEPHEN C 4460 LEGENDARY DRIVE, SUITE 100 DESTIN, FL 32541 <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: 	DATE: <b>4/15/04</b> DAYTIME PHONE: <b>850-837-3141</b>