

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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FILED
Jun 06, 2005 8:00 am
Secretary of State

05-02-2005 90373 046 ****55.00

DOCUMENT # L04000026528 1. Entity Name FATMAN & BEAR INVESTMENTS, LLC					
Principal Place of Business 4400 HIGHWAY 20 EAST, SUITE 407 NICEVILLE, FL 32578			Mailing Address 4400 HIGHWAY 20 EAST, SUITE 407 NICEVILLE, FL 32578		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04282005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-078299				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STAPLETON, TIMOTHY KEVIN 1681 PARKSIDE CIRCLE NICEVILLE, FL 32578				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
SIGNATURE <i>[Signature]</i> Timothy Kevin Stapleton				DATE 4/24/05	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Managing Partner ☐ Delete Doug Patterson 257 BOWEN WAY				TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Mountain Lakes, NJ 07096 ☐ 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	
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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: <i>[Signature]</i> Timothy K. Stapleton				Date 4/24/05 Daytime Phone # 850-582-4044	

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