


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000039249**

1. Entity Name  
**BEAR'S PAW QUILTING, LLC**



Principal Place of Business <b>1292 MYERS RD          BROOKSVILLE, FL 34602 US</b>	Mailing Address <b>1292 MYERS RD          BROOKSVILLE, FL 34602 US</b>
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**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1139658</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PEARCE, LAURIE A  
 1292 MYERS RD  
 BROOKSVILLE, FL 34602**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARCE, LAURIE A 1292 MYERS RD BROOKSVILLE, FL 34602
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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: *Laurie Pearce, mgr.* *Laurie Pearce, mgr.* 4/26/06 352-583-4705