


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000039249 1. Entity Name BEAR'S PAW QUILTING, LLC	
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Principal Place of Business 1292 MYERS RD BROOKSVILLE, FL 34602 US	Mailing Address 1292 MYERS RD BROOKSVILLE, FL 34602 US
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04102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1139658	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____
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 May 1, 2007**

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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**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: Laurie A. Pearce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #