


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000059691	
1. Entity Name BLACK BEAR ENTERPRISES LLC	

Principal Place of Business 33 SE 63 TERRACE OCALA, FL 34472	Mailing Address 33 SE 63 TERRACE OCALA, FL 34472
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-LLC CR2E083 (12/07)



4. FEI Number 20-2560027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MOORE, JOHN A
2 PECAN PASS LOOP
OCALA, FL 34472**

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 registering)
Signature, typed or printed name of registered agent and title if applicable. DATE: 

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM	NAME MOORE, JOHN A
STREET ADDRESS 33 SE 63 TERRACE	CITY-ST-ZIP OCALA, FL 34472
TITLE MGRM	NAME SMITH, CLAYTON R
STREET ADDRESS 11830 NW 31ST STREET	CITY-ST-ZIP SUNRISE, FL 33323
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

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05/28/08-80091-011 138.75

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:  **John A Moore**  **4-28-08 352-362-3731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #