

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061470

Entity Name: FEARLESS ONE, L.L.C.

FILED  
Apr 30, 2005  
Secretary of State

**Current Principal Place of Business:**

4045 PARK BLVD  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

4045 PARK BLVD  
PINELLAS PARK, FL 33781

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FEARS, GREG  
6000 51ST STREET SOUTH  
ST. PETERSBURG, FL 33715 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: FEARS, GREG  
Address: 6000 51ST ST SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33715

Title: MGR ( ) Delete  
Name: FEARS, SHERRY  
Address: 4045 PARK BLVD  
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGR ( ) Delete  
Name: WRAY-FEARS, BETTYE JO  
Address: 6000 51ST ST SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33715

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHERRY FEARS

MGR

04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date