2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED Jun 13, 2005 8:00 am **Secretary of State** 05-02-2005 90114 017 ****50.00 30009247 1st MOORE CR2E083 (10/04) Applied For Not Applicable \$5.00 Additional Fee Required Zip Code ADDITIONS/CHANGES ☐ Change ☐ Addition ■ Addition ☐ Change ☐ Change ■ Addition ☐ Change ■ Addition

DOCUMENT # L04000073571 1. Entity Name **BOOBEAR ENTERPRISE, LLC** Principal Place of Business Mailing Address 2940 NW 25TH STREET FT. LAUDERDALE FL 33311 2940 NW 25TH STREET FT. LAUDERDALE FL 33311 3. Mailing Address 2 Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Nymbe Country Ζo Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILSON, DAMEON L 2940 NW 25TH STREET FT. LAUDERDALE FL 33311 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. (NOTE Registered Agent aigneture required when remetating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 10. IFTLE TITLE MGR ☐ Delab WILSON, DAMEON NAME STREET ADDRESS STREET ADDRESS 2940 NW 25TH STREET CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-ZIP Delete TITLE HILE NAME WILSON, NATASHA NAME STREET ADDRESS 2940 NW 25TH STREET STREET ADDRESS CITY-ST-ZP FT. LAUDERDALE FL 33311 CITY-SI-ZIP ☐ Deteta TITLE TITLE MGRM NAME NAME WILSON, RUBY STREET ADDRESS 3641 NW 7TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 THILE Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-7P CITY-ST-ZP Addition TITLE ☐ Deleta TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-70P CITY - \$1 - 212 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP 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 each; 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.

OWO MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE