

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Mar 06, 2006 8:00 am
Secretary of State

02-21-2006 90180 004 ****50.00



1st MOORE CR2E083 (10/05)

DOCUMENT # L05000018937 1. Entity Name BLACK BEAR PROPERTIES OF FLORIDA, LLC					
Principal Place of Business 840 JUNG BOULEVARD WEST NAPLES FL 34120				Mailing Address 840 JUNG BOULEVARD WEST NAPLES FL 34120	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2385685	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CRAIG D. BLUME ATTORNEY-AT-LAW 800 HARBOUR DRIVE SUITE 5 NAPLES FL 34103				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOELLER, MICHAEL R		NAME		
STREET ADDRESS	840 JUNG BOULEVARD WEST		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34120		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICKLAUS, TODD R		NAME		
STREET ADDRESS	8306 SOUTHRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ROTHSCHILD WI 54474		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICKLAUS, GREGORY P		NAME		
STREET ADDRESS	1720 BUKHORN ROAD		STREET ADDRESS		
CITY-ST-ZIP	ARBO VITAE WI 54568		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Michael R. Schoeller</u> <u>2-6-06 239 7774803</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT

30001729

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

BLACK BEAR PROPERTIES OF FLORIDA, LLC
840 JUNG BOULEVARD WEST
NAPLES, FL 34120

Subject: **BLACK BEAR PROPERTIES OF FLORIDA, LLC**

Reference Number:

L05000018937

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION