

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90035 020 ****50.00

DOCUMENT # 1. Entity Name	L05000026107
SUNBEAR HOME REPAIR, LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 50 NW 71 AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA, FL		City & State	
Zip 34482	Country	Zip	Country

4. FEI Number 54-2180849	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	
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7. Name and Address of Current Registered Agent	
Name MARY MOSELY	
Street Address (P.O. Box Number is Not Acceptable) 50 NW 71 AVE	
City OCALA	Zip Code FL 34482

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	4/26/2006
Signature, typed or printed name of registered agent and title if applicable.	
DATE	

FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LEROY M MOSLEY 50 NW 71ST AVE OCALA FL 34482	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: Mary D. Mosley	4/26/2006	3528755090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #

CR2E083B (12/02)