

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90064 042 ****50.00

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DOCUMENT # L05000051973 1. Entity Name FLORIDA BEAR FACTORY, LLC					
Principal Place of Business 3124 S.W. 18TH AVE. CAPE CORAL, FL 33914			Mailing Address 5435 OAK CREST BLVD. SARASOTA, FL 34233		
2. Principal Place of Business 2120 SANTA BARBARA BLVD.		3. Mailing Address 			
Suite, Apt. #, etc. UNIT 3		Suite, Apt. #, etc.			
City & State CAPE CORAL, FL		City & State			
Zip 33991		Country USA		4. FEI Number 20-2900753	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07052006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent STIRLING BRIAN 5435 OAK CREST BLVD. SARASOTA, FL 34233			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STIRLING, BRIAN 5435 OAK CREST BLVD. SARASOTA, FL 34233 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, trustee, empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: BRIAN STIRLING			Date 07.05.06 Daytime Phone # 941.345.5131		