

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90269 044 \*\*\*138.75

<b>DOCUMENT # L05000071604</b> 1. Entity Name <b>WORKING BEAR, LLC</b>					
Principal Place of Business <b>430 NORTH G STREET LAKE WORTH, FL 33460</b>			Mailing Address <b>1281 GEORGIA RD PMB 453 FRANKLIN, NC 28734</b>		
2. Principal Place of Business - No P.O. Box # <b>316 Orange Tree Drive</b> Suite, Apt. #, etc. <b>Unit B</b> City & State <b>Atlantis</b> Zip <b>33462</b>		3. Mailing Address <b>316 Orange Tree Dr.</b> Suite, Apt. #, etc. <b>Unit B</b> City & State <b>Atlantis</b> Zip <b>33462</b>			
03192008    Chg-LLC    CR2E083 (12/06)		4. FEI Number <b>20-8844244</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent <b>ELK SCOTT 4800 N. FEDERAL HIGHWAY SANCTUARY CENTRE STE. 200E BOCA RATON, FL 33431</b>			
7. Name and Address of New Registered Agent Name <b>James A. VanderWoude</b> Street Address (P.O. Box Number is Not Acceptable) <b>316 Orange Tree Drive</b> City <b>Atlantis</b> <b>FL</b> Zip Code <b>33462</b>		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 <b>James A. VanderWoude Mgr 3/28/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VANDERWOUE, JAMES V 1281 GEORGIO RD PMB 453 FRANKLIN, NC 28734</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr VanderWoude, James A 316 Orange Tree Drive Unit B Atlantis FL 33462</b> <input checked="" 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	
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	
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	
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <b>James VanderWoude Mgr 3-28-08 828 369 6341</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					