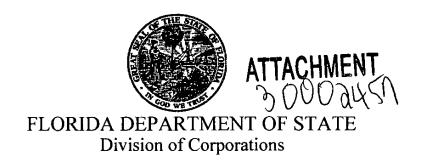
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 14, 2006 8:00 am **Secretary of State** DOCUMENT # L05000072217 02-27-2006 90428 013 ****50.00 BEAR ISLAND LLC Principal Place of Business Mailing Address 5074 AÑAPAHOE AVENUE JACKSONVILLE FL 32210 **5074 ARAPAHOE AVENUE** 30002457 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 47- 0959913 City & State City & State Applied For Not Applicable Country Country \$5:00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS, CHARLES W JR Street Address (P.O. Box Number is Not Acceptable) 5074 ARAPAHOE AVENUE JACKSONVILLE FL 32210 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 Specifies, system or created marks of respectivest agent and like 2 applicable (NOTE: Registered Agent signature required when reinstitling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM TITLE ☐ Delate ☐ Change ☐ Addition NAME ROGERS, CHARLES W JR NAME STREET ADORESS STREET ADORESS 5074 ARAPAHOE AVENUE CITY - ST - ZIP CITY-ST-ZIP JACKSONVILLE FL 32210 TITLE MGRM ☐ Delete NDF ☐ Chance Addition NAME BROWNING, JOHN P JR STREET ADDRESS STREET ADDRESS 119 BROWNING LANE CITY-ST-ZIP CITY-ST-ZIP EAST PALATKA FL 32131 Delete . TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NNE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 11. I hereby certify that the information supplied with this filing coes 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 exprovered to execute this report as required by Chapter 608, Florida Statutes. AUTHORIZED REPRESENTATIVE



March 2, 2006

BEAR ISLAND LLC 5074 ARAPAHOE AVENUE JACKSONVILLE, FL 32210

Subject: BEAR ISLAND LLC

Reference Number:

105000072217

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> 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.

/rm ANNUAL REPORTS SECTION