2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000113566

1. Entity Name BEAR POINTE, LLC



FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90041 033 ****50.00

			1	1111					
Principal Place of Business 2385 EXECUTIVE CENTER DRIVE, SUITE 190 BOCA RATON, FL 33431		Mailing Address 2385 EXECUTIVE CENTER DRIVE, SUITE 190 BOCA RATON, FL 33431		190		4 U U	Z695	12	
	Place of Business	3. Mailing Address							
	set Pointe Drive	599 Sunset Pointe Drive							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03172006 Chg	-LLC	CR2E0	83 (11/05)	
City & Stat	re ·	City & State			4. FEI Number			Ap	plied For
Lake Placid, FL		Lake Placid, FL			20-38488	30			t Applicable
Zip 33852	Country USA	Zip 33852	Country USA		5. Certificate of Statu	s Desired		\$5.00 Add	
33032	6. Name and Address of Current	<u> </u>			7. Name and Addres	s of New Re			-
			Name						
ELLIS, SE	T E ESQ. I E. ELLIS, P.A.		Street Address (P.O. Box N			Acceptable)			
	CUTIVE CENTER DRIVE, SUI	TE 190		`					
BOCA RA	TON, FL 33431								
			City				FL	Zip Code	9
8. The above	named entity submits this statement for	or the purpose of changing its re	gistered office or	r registere	ed agent, or both, in the	State of Flor	ida. I am i	familiar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent	ANOTE E	Registered Agent signat				DATE		
	Signature, typed or printed name or registered agent	and the it applicable. (NOTE: F	segistered Agent signat	ure required	when reinstating)		UAIE		
	iling Fee is \$50.00 ue by May 1, 2006							ayable to ent of State	9
			F						
9.	MANAGING MEMBE	_	10.	MGDM	·	ADDITIONS/	CHANGES		☐ Addition
jure:	MGRM	☐ Delete	10. TITLE NAME	MGRM				Change	□ Addition
		Delete SHLANDS COUNTY, LLC	TITLE	Ranc	l h Managemen	t of Hi	ighlar	Change	
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Thereby certify that the miormation supplied with this mining coes not quality for the exemptions contained in Chapter 119, Florida Statutes. Hurther certify that indicated on this report is true and accurate and that my signature shall have 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:

SIGNATURE AND TOPED OF DESIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE