


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2008 8:00 am
Secretary of State

08-22-2008 90011 016 ***538.75

DOCUMENT # L05000120474

1. Entity Name
BEAR CREEK CAPITAL, LLC




Principal Place of Business Mailing Address
1920 SUMMER CLUB DR. **1920 SUMMER CLUB DR.**
SUITE 110 **SUITE 110**
OVIEDO, FL 32765 US **OVIEDO, FL 32765 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
932 N. Maitland Ave **932 N. Maitland Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 3 **Suite 3**

City & State City & State
Maitland FL **Maitland FL**

Zip Country Zip Country
32751 USA **32751 USA**



08192008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
OLIVER, RAYMOND
1920 SUMMER CLUB DRIVE
APT. 110
OVIEDO, FL 32765

4. FEI Number Applied For
20-3963423 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name **Raymond Oliver**
 Street Address (P.O. Box Number is Not Acceptable) **932 N. Maitland Ave**
Suite 3
 City **Maitland** State **FL** Zip **32751**

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 **Raymond H Oliver** DATE **8/20/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVER, RAYMOND 2670 CREEKVIEW CIRCLE OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	932 N. Maitland Ave, Suite 3 Maitland, FL 32751 <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
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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 908, Florida Statutes.
 SIGNATURE: **Raymond H Oliver** DATE **8/20/08** DAYTIME PHONE # **321 4392120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #