

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90484 050 *****55.00

DOCUMENT # L05000123615

1. Entity Name

BEAR HOLLOW HOLDING COMPANY, LLC



Principal Place of Business

Mailing Address

2400 E. COMMERCIAL BLVD.
STE. 500
FT. LAUDERDALE FL 33308

2400 E. COMMERCIAL BLVD.
STE. 500
FT. LAUDERDALE FL 33308

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

83-0456220
~~APPLIED FOR~~

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, IRWIN J
2400 E. COMMERCIAL BLVD.
STE. 500
FT. LAUDERDALE FL 33308

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

Signature, typed or printed name of registered agent not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGR ☐ Delete
BEAR HOLLOW MANAGEMENT COMPANY, INC.
2400 E. COMMERCIAL BLVD., STE 500
CITY- ST- ZIP FT. LAUDERDALE FL 33308

TITLE
NAME
Chairman ☐ Change ☒ Addition
Irvin Freedman
2400 E. Commercial Blvd. Suite 500
CITY- ST- ZIP Ft. Lauderdale, FL 33308

TITLE
NAME
☐ Delete

TITLE
NAME
Pres.-CEO ☐ Change ☒ Addition
Irwin J. Newman
2400 E. Commercial Blvd Suite 500
CITY- ST- ZIP Ft. Lauderdale, FL 33308

TITLE
NAME
☐ Delete

TITLE
NAME
Vice Chairman ☐ Change ☒ Addition
Steven B. Freedman
2400 E. Commercial Blvd Suite 500
CITY- ST- ZIP Ft. Lauderdale, FL 33308

TITLE
NAME
☐ Delete

TITLE
NAME
☐ Change ☐ Addition

TITLE
NAME
☐ Delete

TITLE
NAME
☐ Change ☐ Addition

TITLE
NAME
☐ Delete

TITLE
NAME
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Irwin J. Newman

3/1/07

(954) 786-0007

Date

Daytime Phone #