

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069212

Entity Name: FISH EATS BEAR, LLC

FILED  
Apr 16, 2007  
Secretary of State

**Current Principal Place of Business:**

151 E. WASHINGTON STREET #520  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

151 E. WASHINGTON STREET #520  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STONEBRAKER, JASON  
151 E. WASHINGTON STREET #520  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STONEBRAKER, JASON  
Address: 151 E. WASHINGTON STREET #520  
City-St-Zip: ORLANDO, FL 32801

Title: MGRM ( ) Delete  
Name: SHEPARD, JASON  
Address: 3086 HEIRLOOM ROSE PLACE  
City-St-Zip: OVIEDO, FL 32675

Title: MGRM ( ) Delete  
Name: GERSTING, MATTHEW  
Address: 1403 NORTH FERNCREEK AVENUE  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON STONEBRAKER

MGRM

04/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date