

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087819

FILED
Apr 21, 2009
Secretary of State

Entity Name: BEARCON MANAGEMENT, LLC

Current Principal Place of Business:

2294 MAYPORT RD., STE. 10
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

2294 MAYPORT RD., STE. 10
ATLANTIC BEACH, FL 32233 US

Current Mailing Address:

2294 MAYPORT RD., STE. 10
ATLANTIC BEACH, FL 32233

New Mailing Address:

2294 MAYPORT RD., STE. 10
ATLANTIC BEACH, FL 32233 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATHIS & MURPHY, P.A.
50 N. LAURA ST., STE. 1700
JACKSONVILLE, FL 32202 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: ROWE, CONRAD
Address: 2294 MAYPORT RD., STE. 10
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGRM () Delete
Name: SALLOUM, MAZEN (MIKE)
Address: 1487 MAYPORT RD.
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROWE, CONRAD
Address: 2294 MAYPORT RD., STE. 10
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MGRM (X) Change () Addition
Name: SALLOUM, MAZEN (MIKE)
Address: 1487 MAYPORT RD.
City-St-Zip: ATLANTIC BEACH, FL 32233 US

I hereby certify that the information supplied with this filing does not qualify 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: LAURIE M. LEE, ESQ.

ATTY

04/21/2009

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