2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
Apr 01, 2005 08:00 AM
Secretary of State

Daytime Phone #

ANNUAL REPORT			C4 C C4-4-
DOCUMENT # M0100001969 1. Entity Name WACKY BEAR FACTORY, L.L.C.		Secretary of State	
Principal Place of Business 206 INDUSTRIAL AVENUE C, STATION 1 BOX 10266 HOUMA, LA 70363 Mailing Address 206 INDUSTRIAL AVENUE C, STATION 1 BOX 10266 HOUMA, LA 70363			
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DO NOT WRITE IN THIS SPACE		03112005 No Chg-LLC	
-		The same the same	72-1476099 Not Applicable
<u> </u>	77.75		5. Certificate of Status Desired
	Name and Address of Current Registered Agent	The state of the s	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		rense di Consulta di Sala	DO NOT WRITE IN THIS SPACE
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 and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS	MGRM BREWER, DARRELL 206 INDUSTRIAL AVENUE C, STATION 1		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOUMA, LA 70363		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Υ	
11. I hereby indicated limited lis	Certify that the information supplied with this filling does not qualify for the exem of on this report is true and accurate and that my signature shall have the same I ability company or the receiver or trustee empowered to execute this report as r	ption stated in Se egal effect as if n equired by Chap	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a managing member or manager of the ter 608, Florida Statutes.