


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 31, 2007 8:00 am
Secretary of State

07-31-2007 90002 014 ****50.00

DOCUMENT # M05000006262 1. Entity Name BEAR SPOON ENTERPRISES, LLC	
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Principal Place of Business ONE ALLED WAY MANCHESTER, CT 06045-0850	Mailing Address P.O. BOX 0850 MANCHESTER, CT 06045-0850
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DO NOT WRITE IN THIS SPACE



07122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2372189	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOMMERS, JOHN G ONE ALLED WAY MANCHESTER, CT 060450850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. Heather E. Perry 214 N. Buena Vista Dr. Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: Heather E. Perry **7/24/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #