2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 26, 2007 8:00 am Secretary of State **DOCUMENT # P97000085455** 04-26-2007 90218 003 ***150.00 GOLDEN BEAR PROPERTIES, INC. Principal Place of Business Mailing Address գղուս - -11780 U.S. HIGHWAY ONE 11780 U.S. HIGHWAY ONE SUITE 500 SUITE 500 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03282007 Cha-P Applied For City & State City & State 4. FEI Number 65-0806897 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAILE, SHAW & PFAFFENBERGER P.A. Street Address (P.O. Box Number is Not Acceptable) 660 U.S. HIGHWAY ONE 3RD FLOOR NORTH PALM BEACH, FL 33408 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME FENTON, IRA C NAME 11780 U.S. HIGHWAY ONE SUITE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP ☐ Addition ☐ Change VΡ ☐ Delete TITLE NICKLAUS, JACK W II NAMÉ NAME 11780 U.S. HIGHWAY ONE, SUITE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP ☐ Addition TITLE vs Delete TITLE Donna L. Doty NAME DOTY, DONNA L NAME 178045. Highway 0 N. +500 STREET ADDRESS 1178 U.S. HIGHWAY ONE, SUITE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE NORTH PALM BEACH, FL 33408 Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.

G OFFICER OR DIRECTOR

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