

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007999

Entity Name: BARACA, LLC

FILED
Jul 06, 2005
Secretary of State

Current Principal Place of Business:

570 KIRKLAND WAY
KIRKLAND, WA 98033

New Principal Place of Business:

225 108TH AVENUE NE
300
BELLEVUE, WA 98004

Current Mailing Address:

570 KIRKLAND WAY
KIRKLAND, WA 98033

New Mailing Address:

225 108TH AVENUE NE
#300
BELLEVUE, WA 98004

FEI Number: 56-2439299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET, #2
TALLAHASSEE, FL 323012525 US

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: COLEE, PATRICK R
Address: 570 KIRKLAND WAY
City-St-Zip: KIRKLAND, WA 98033

Title: MGRM () Delete
Name: PHILBRICK, GARY
Address: 570 KIRKLAND WAY
City-St-Zip: KIRKLAND, WA 98033

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLEE, PATRICK R
Address: 225 108TH AVENUE NE, SUITE 300
City-St-Zip: BELLEVUE, WA 98004

Title: MGRM (X) Change () Addition
Name: PHILBRICK, GARY
Address: 225 108TH AVENUE NE, SUITE 300
City-St-Zip: BELLEVUE, WA 98004

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTINE EVENS

ASST

07/06/2005

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