2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000012560

1. Entity Name

BARLA PROPERTIES, LLC



FILED
Jan 08, 2007 08:00 AM
Secretary of State

Principal Place o Business

Mailing Address

502 137TH STFEET EAST BRADENTON, FL. 34212

502 137TH STREET EAST BRADENTON, FL 34212



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0777289

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

KAKLIS, JOHN W 537 10TH STREET EAST BRADENTON, FL 34205-7719

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8.	The above nalned 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 according to registered agent.	:ept
s	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007 U00000578317 01/09/07-80025-006 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGR RITZENTHALER, LARRY J 5)2 137TH STREET EAST BRADENTON, FL 34212	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGR RITZENTHALER, BARBARA G 5)2 137TH STREET EAST BRADENTON, FL 34212	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N GR E_DER, WILLIAM M JR. 4)2 136TH COURT EAST BRADENTON, FL 34212	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGR RITZENTHALER, ANN N 2-108 15TH STREET WEST PALMETTO, FL 34221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		

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11. I hereby cer ify 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 signeture shall have the same legal effect as if made under ceth, that I am a managing member or manager of the limited liability company or the receiver pricingles appowed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESI

12-31-04

941-812-053

Daytime Phone #