

08 MAY 13


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 13 AM 8:16

DOCUMENT # L07000031369

1. Entity Name
BARRIEFIELD LLC



Principal Place of Business
600 BILTMORE WAY, #1205
CORAL GABLES, FL 33134

Mailing Address
600 BILTMORE WAY, #1205
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



04292008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
DE GOYTISOLO, AGUSTIN ESQ.
600 BILTMORE WAY, #1205
CORAL GABLES, FL 33134

4. FEI Number
20-1203235

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR Delete
NAME: NANNETTI, ANDRES
STREET ADDRESS: 305 LEXINGTON AVENUE, #7-C
CITY - ST - ZIP: NEW YORK, NY 10016

TITLE: MGR Delete
NAME: NANNETTI, NICOLAS F
STREET ADDRESS: APARTADO POSTAL 100692
CITY - ST - ZIP: BOGOTA, COLOMBIA,

TITLE: Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: Delete
NAME:
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CITY - ST - ZIP:

TITLE: Delete
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TITLE: Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

10. ADDITIONS/CHANGES

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: Change Addition
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TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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:  Date: 05/09/08 305.443.8132 Daytime Phone #

Andres Nannetti