


2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

4. FEI Number
20-1203235

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

6. Name and Address of Current Registered Agent

**DE GOYTISOLO, AGUSTIN ESQ.
600 BILTMORE WAY, #1205
CORAL GABLES, FL 33134**

[Handwritten Signature]

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.

600
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

2. **FILE NOW!!! FEE IS \$138.75**
After May 1, 2009 Fee will be \$538.75

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NANNETTI, ANDRES 305 LEXINGTON AVENUE, #7-C NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100155947431 05/14/09--01005--006 *\$138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NANNETTI, NICOLAS F APARTADO POSTAL 100692 BOGOTA, COLOMBIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Handwritten Signature]* **SECRETARY**

Date: **04/30/09** Daytime Phone #: **305 443-0132**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED
09 MAY 11 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03122009 Chg-LLC CR2E083 (11/08)