

FILED  
Mar 29, 2002 8:00 am  
Secretary of State

02-12-2002 90090 006 \*\*\*\*50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002629  
 1. Entity Name  
**BARRINGER LIMITED LIABILITY COMPANY**

|   |   |
|---|---|
| Principal Place of Business<br>2048 BERRY ROBERTS DRIVE<br>SUN CITY CENTER FL 33573 | Mailing Address<br>2048 BERRY ROBERTS DRIVE<br>SUN CITY CENTER FL 33573 |
|---|---|

18568



593634800

DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip   | Country                                   |

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number                    | APPLIED FOR              | Applied For                    |
|                                  |                          | Not Applicable                 |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent  
**WELLS, F.M. JR ESO**  
**4911 PARK STREET NORTH**  
**ST PETERSBURG FL 33709**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>BARRINGER, KENNETH D DR<br/>2048 BERRY ROBERTS DRIVE<br/>SUN CITY CENTER FL 33573</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>BARRINGER, JOAN D<br/>2048 BERRY ROBERTS DRIVE<br/>SUN CITY CENTER FL 33573</b> <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Kenneth D. Barringer* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 02/25/2002  
*Kenneth D. Barringer, Mgr (KENNETH D. BARRINGER)* 2-5-02  
 Phone # (813) 633-8490

CR2E083 (9/01)