

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004058

FILED
May 10, 2005
Secretary of State

Entity Name: BARKEN, LLC

Current Principal Place of Business:

333 FALKENBURG ROAD NORTH, UNIT B-206
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

333 FALKENBURG ROAD NORTH, UNIT B-206
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3641820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

FOSTER, BARBARA J
333 FALKENBURG ROAD NORTH, UNIT B-206
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR () Delete
Name: FOSTER, KENNETH P
Address: 333 FALKENBURG ROAD NORTH, UNIT B-206
City-St-Zip: TAMPA, FL 33619

Title: MGR () Delete
Name: FOSTER, BARBARA J
Address: 333 FALKENBURG ROAD NORTH, UNIT B-206
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA J FOSTER

MGR

05/10/2005

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