

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000008164

1. Entity Name
BARR/ASPEN LLC



Principal Place of Business
**16416 WINDSOR PARK DRIVE
LUTZ, FL 33549**

Mailing Address
**16416 WINDSOR PARK DRIVE
LUTZ, FL 33549**

DO NOT WRITE IN THIS SPACE



07042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3659006

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARR, K. JOHN
16416 WINDSOR PARK DRIVE
LUTZ, FL 33549**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by September 5, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BARR, K. JOHN
16416 WINDSOR PARK DRIVE
LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DARREN CLINT BARR
2115 VALENCIA ROAD
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MARSHA BARR REED
4108 WATERFORD DRIVE
ALEXANDRIA, LA 71303**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100000166039
07/13/04-80008-003 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

K. JOHN BARR 7/6/04 813-949-8640