2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000008432

1. Entity Name

BARKER MCLIN ENTERPRISES, LLC

FILED
--Apr 21, 2004 08:00 AM
--Secretary of State

Principal Place of Business

e of Business Mailing Address

341 WEST TROPICAL WAY PLANTATION, FL 33317

341 WEST TROPICAL WAY PLANTATION, FL 33317



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04122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1029354 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARAPKAR, MONALEE 200 SOUTH BISCAYNE BLVD., SUITE 2500 MIAMI, FL 33131-2336

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	bove named entity submits this statement for the purpose of ch oligations of registered agent.	ranging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and a	ccept
SIGNATI	JRESignature, typoid or printed name of registered egent and title it applicable	(NOTE Registered Agent signature required when reinstating)	QATE CATE	1-1
	Filing Fee is \$50.00 Due by May 1, 2004	و الما الما الما الما الما الما الما الم	U00000122849 04/21/04-80046-003 55.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			

BARKER, WILLIAM STREET ADDRESS 341 WEST TROPICAL WAY CITY-ST-ZIP PLANTATION, FL 33317 TITLE MGR MCLIN, DENNIS NAME 126 3RD AVENUE S.W. STREET ADDRESS CITY-ST-ZIP RUSKIN, FL 33570 TITLE NAME SZERGCA TEERTS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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11. I hereby certify that the information supplied with this filling 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

Dila Bil

William Barker

4/12/04

(954) 792-9825

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Daytime Phone #