

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90177 028 \*\*\*\*50.00

DOCUMENT # L00000014646

1. Entity Name

BARCLAY BOOKS, L.L.C.



Principal Place of Business

6161 51ST STREET SOUTH  
ST. PETERSBURG FL 33715

Mailing Address

6161 51ST STREET SOUTH  
ST. PETERSBURG FL 33715

*Changed Address*

20013273



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

12200 1st St. Wt.

Suite, Apt. #, etc.

# 201

3. Mailing Address

Suite, Apt. #, etc.

7 Same

City & State

Treasure Island, FL

City & State

7 Same

Zip

33706

Country

Pinellas

Zip

33706

Country

FL

4. FEI Number

59-3688661

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, RICHARD O  
200 HUNDRED CENTRAL AVE., SUITE 1600  
ST. PETERSBURG FL 33701

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.

SIGNATURE

*Rebecca S. McNeal*

2-14-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME MCNEEL, REBECCA S  
STREET ADDRESS 12200 1st St. Wt., # 201  
CITY-ST-ZIP 616 51ST ST. SO  
ST. PETERSBURG FL 33715 Treasure Island, FL 33706

TITLE MGRM ☐ Delete  
NAME MCNEEL, BRANTLEY H  
STREET ADDRESS 12200 1st St. Wt., # 201  
CITY-ST-ZIP 616 51ST ST. SO  
ST. PETERSBURG FL 33715 Treasure Island, FL 33706

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Rebecca S. McNeal*

2-14-05

727-363-1315

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

Date

Daytime Phone #