2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2008 8:00 am
Secretary of State
04-16-2008 90112 001 ***138.75

DOCUMENT # L01000007425

1. Entity Name
BARBER ROAD LLC

Principal Place of Business	Mailing Address
1843 BARBER ROAD SARASOTA, FL 34240	1843 BARBER ROAD SARASOTA, FL 34240

J00003454

04102008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 90-0030914 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOZAK, ANTON M 1843 BARBER RD. SARASOTA, FL 34240	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KOZAK, ANTON M 1843 BARBER RD SARASOTA, FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ ~~illegible~~ SANDMEYER, RALPH 49 INLETS BLVD NOKOMIS, FL 34275	☐ Delete Member	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Principal
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ ~~illegible~~ SANDMETER, SANDRA 49 INLETS BLVD NOKOMIS, FL 34275	☐ Delete Member	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Principal
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Sorry dil not understand.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: A.M. Kozak 4/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #