

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007425

FILED
Apr 07, 2009
Secretary of State

Entity Name: BARBER ROAD LLC

Current Principal Place of Business:

1843 BARBER ROAD
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

1843 BARBER ROAD
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 90-0030914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOZAK, ANTON M
1843 BARBER RD.
SARASOTA, FL 34240 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/MANAGERS:

Title: MGRM () Delete
Name: KOZAK, ANTON M
Address: 1843 BARBER RD
City-St-Zip: SARASOTA, FL 34240

Title: MGRM () Delete
Name: SANDMEYER, RALPH
Address: 49 INLETS BLVD
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM () Delete
Name: SANDMETER, SANDRA
Address: 49 INLETS BLVD
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOZAK, ANTON M
Address: 1843 BARBER RD
City-St-Zip: SARASOTA, FL 34240

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

Title: MGRM (X) Change () Addition
Name: SANDMEYER, SANDRA
Address: 49 INLETS BLVD
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANTON M KOZAK

MGR

04/07/2009

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