


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000001622 1. Entity Name BARCLAY ASSET MANAGEMENT, LLC	
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Principal Place of Business 600 GRAPETREE DR APT 11FS KEY BISCAIYNE, FL 33149	Mailing Address PO BOX 10 KEY BISCAIYNE, FL 33149
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DO NOT WRITE IN THIS SPACE



01142005No Chg-LLC CR2E083 (10/03)

4. FEI Number 37-1419295	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CALE, BARCLAY 600 GRAPETREE DR APT 11FS KEY BISCAIYNE, FL 33149

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALE, BARCLAY 600 GRAPETREE DR APT 11FS KEY BISCAIYNE, FL 33149
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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)(j), 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: *Barclay Cane* 1/21/05 305-374-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #