


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90020 003 \*\*\*\*50.00

<b>DOCUMENT # L02000001622</b>	
1. Entity Name <b>BARCLAY ASSET MANAGEMENT, LLC</b>	

Principal Place of Business <b>600 GRAPETREE DR APT 11FS KEY BISCAINE, FL 33149</b>	Mailing Address <b>PO BOX 10 KEY BISCAINE, FL 33149</b>
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**20035024**



2. Principal Place of Business <b>169 E. Flagler St.</b>	3. Mailing Address <b>169 E. Flagler St.</b>
Suite, Apt. #, etc. <b>Suite 1200</b>	Suite, Apt. #, etc. <b>Suite 1200</b>
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33131</b>	Country <b>USA</b>

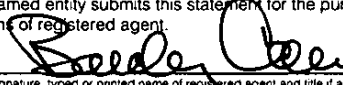
04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>37-1419295</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>CALE, BARCLAY 600 GRAPETREE DR APT 11FS KEY BISCAINE, FL 33149</b>	

7. Name and Address of New Registered Agent	
Name <b>CALE, BARCLAY</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>169 E. Flagler St.</b>	
<b>Suite 1200</b>	
City <b>Miami</b>	Zip Code <b>FL 33131</b>

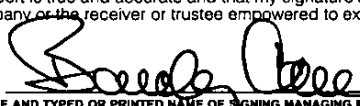
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.	
SIGNATURE 	DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CALE, BARCLAY 600 GRAPETREE DR APT 11FS KEY BISCAINE, FL 33149</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CALE, BARCLAY 169 E. Flagler St., suite 1200 Miami, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE Daytime Phone #