

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

DOCUMENT # L02000001622

1. Entity Name  
**BARCLAY ASSET MANAGEMENT, LLC**



Principal Place of Business  
**600 GRAPETREE DR  
 APT 11FS  
 KEY BISCAIYNE, FL 33149**

Mailing Address  
**PO BOX 10  
 KEY BISCAIYNE, FL 33149**

**20035024**

2. Principal Place of Business  
**169 E. Flagler St.  
 Suite 1200  
 Miami, FL**

3. Mailing Address  
**169 E. Flagler St.  
 Suite 1200  
 Miami, FL**

City & State  
**Miami, FL**


City & State  
**Miami, FL**

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**



04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**37-1419295**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CALE, BARCLAY  
 600 GRAPETREE DR  
 APT 11FS  
 KEY BISCAIYNE, FL 33149**

7. Name and Address of New Registered Agent

Name  
**Cale, Barclay**

Street Address (P.O. Box Number is Not Acceptable)  
**169 E. Flagler St.  
 Suite 1200**

City  
**Miami**

FL Zip Code  
**33131**

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 *Barclay Cale* DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGRM CALE, BARCLAY 600 GRAPETREE DR APT 11FS KEY BISCAIYNE, FL 33149	<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	MGRM Cale, Barclay 169 E. Flagler St., suite 1200 Miami, FL 33131	<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

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: *Barclay Cale* DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

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