

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90090 045 *****50.00

DOCUMENT # L02000001622

1. Entity Name

BARCLAY ASSET MANAGEMENT, LLC



Principal Place of Business

Mailing Address

225 HARBOR DR.
KEY BISCAIYNE FL 33149

225 HARBOR DR.
KEY BISCAIYNE FL 33149

20014056



2. Principal Place of Business

600 Grape Tree Dr.

3. Mailing Address

P.O. BOX 10

Suite, Apt. #, etc.

Apt 11 FS

Suite, Apt. #, etc.

PO

City & State

Key Biscayne, FL

City & State

Key Biscayne, FL

4. FEI Number

37-1419295

Applied For

Not Applicable

Zip

33149

Country

Miami-Dade

Zip

33149

Country

Miami-Dade

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CALE, BARCLAY
225 HARBOR DR.
KEY BISCAIYNE FL 33149

7. Name and Address of New Registered Agent

Name: CALE, BARCLAY
Street Address (P.O. Box Number is Not Acceptable): 600 Grape Tree Dr.
Apt 11 FS
City: Key Biscayne, FL Zip Code: 33149

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

Barclay Cade BARCLAY CALE, PRES.

1/18/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Cade BARCLAY CALE, Managing Member, 1/18/2003

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

Date

Daytime Phone

305-361-0777

CR2E083 (10/02)