

# 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

225 HARBOR DR.  
KEY BISCAYNE FL 33149

Mailing Address

225 HARBOR DR.  
KEY BISCAYNE FL 33149

**20014056**



☐ CHECK HERE IF MAKING CHANGES

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

Zip

33149

Country

Miami-Dade

Zip

33149

Country

Miami-Dade

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  
225 HARBOR DR.  
KEY BISCAYNE 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 CADE, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/18/2003

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

9. **MANAGING MEMBERS/MANAGERS**

TITLE ~~PRESIDENT~~  
NAME CALE, BARCLAY  
STREET ADDRESS 600 Grape Tree Dr., Apt 11 FS  
CITY-ST-ZIP Key Biscayne FL 33149 ☐ Delete

10. **ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 CADE, 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)