2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000015033

1. Entity Name
BARZENICK & CLARK, L.L.C.

FILED
2006 MAR 30 AM 10:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
126 S. SHORE DR, #21 MIRAMAR BEACH, FL 32550	126 S. SHORE DR, #21 MIRAMAR BEACH, FL 32550

03212006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
19379 CAYMAN DR.	19379 CAYMAN DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HAMMOND, LA	City & State: HAMMOND, LA
Zip: 70401 Country: USA	Zip: 70401 Country: USA

4. FEI Number: 03-0468030 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, MICHAEL 126 S. SHORE DR, #21 DESTIN, FL 32541	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ 3-21-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS:			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CLARK, MICHAEL 126 S. SHORE DR, #21 MIRAMAR BEACH, FL 32550	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRENNA BARZENICK 19379 CAYMAN DRIVE HAMMOND LA 70401	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JAY BARZENICK 19379 CAYMAN DRIVE HAMMOND LA 70401	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	03/30/06--01005--026	☐ Change ☐ Addition
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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 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: _____ 3/21/06 9855421643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #