

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017864

FILED
Feb 20, 2004
Secretary of State

Entity Name: BARIM, LLC

Current Principal Place of Business:

8360 WEST FLAGLER ST., #203
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8360 WEST FLAGLER ST., #203
MIAMI, FL 33144

New Mailing Address:

FEI Number: 72-1531458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGARAY, MADELEINE D
8360 WEST FLAGLER ST., #203
MIAMI, FL 33144

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KELMANZON, BERARDO
Address: INCA 2217
City-St-Zip: 11.800 MONTEVIDEO, URAGUAY,

Title: MGRM () Delete
Name: PODBERESKI, ARIEL
Address: INCA 2217
City-St-Zip: 11.800 MONTEVIDEO, URAGUAY,

Title: MGRM () Delete
Name: KOHEN, VITALI
Address: INCA 2217
City-St-Zip: 11.800 MONTEVIDEO, URAGUAY,

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KELMANZON, BERNARDO
Address: 8360 WEST FLAGLER ST#203
City-St-Zip: MIAMI, FL 33144 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BERNARDO KELMANZON

MGRM

02/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date