2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

	ANNUAL	- KEPOKI					04-4
DOCUMENT # L02000019 1. Entity Name BARNACLE BUILDING, LLC Principal Place of Business 780 NW 42 AVENUE #427 MIAMI, FL 33126		9266 Mailing Address 782 NW 42ND AVE #432 MIAMI, FL 33126			Secretary of Stat		
				<u> </u>			
DO NOT WRITE IN THIS SPAC				CE	03292005No Chg-LLC 4. FEI Number 59-2050209 5. Certificate of Status Desired	CR2E083 (10/03)	ed For
	6. Name and Address of Current	Registered Agent	<u></u>				
780 NW 4 MIAMI, FL					DO NOT W	PACE	
8. The above the obligat	e named entity submits this statement fo tions of registered agent.	r the purpose of changing i	its registere	ed office or register	ed agent, or both, in the State of F	orida. I am familiar with, and	l accept
SIGNATURE.	Signature, typed or printed name of registered agent	and little if applicable. (N	IOTE, Registered	Agent signature required	when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2005	• • • • • • • • • • • • • • • • • • • •					
9.	MANAGING MEMBE	RS/MANAGERS		e-=			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMAS, ARTURO F 6060 SW 120TH ST PINE CREST, FL 33156						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U01 04/02	0000285576 /05-80050-016 1	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	-	DO NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	IN THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·			
TITLE NAME							

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: SEACIO & PENTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

> 03/30/05 Date

(305) 448-1362 Daylime Phone #