

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029650

FILED  
Jan 22, 2004  
Secretary of State

**Entity Name:** BARCLAYS GROUP ALGERIA, LLC

**Current Principal Place of Business:**

249 PERUVIAN AVENUE, STE. F-5  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

249 PERUVIAN AVENUE  
SUITE #F-5  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 65-0456121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, FRED C  
712 U.S. HIGHWAY ONE STE. 400  
NORTH PALM BEACH, FL 33408 US

**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: MGR ( ) Delete  
Name: WYNER, ROBERT  
Address: 249 PERUVIAN AVENUE #F-5  
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM ( ) Delete  
Name: ALBERT, MENDEZ  
Address: 250 EVERGLADE AVENUE  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

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: ROBERT WYNER

MGR

01/22/2004

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