

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000020590

**FILED  
Jul 16, 2004  
Secretary of State**

**Entity Name:** BARILOCHE ENTERPRISES LLC.

**Current Principal Place of Business:**

412 WEST CITRUS STREET  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

412 WEST CITRUS STREET  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

FEI Number: 06-1703024      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

POLIC, MIRIAM V  
412 WEST CITRUS STREET  
ALTAMONTE SPRINGS, FL 32714 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: POLIC, MIRIAM V  
Address: 412 WEST CITRUS STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

**ADDITIONS/CHANGES:**

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: MIRIAM V. POLIC

MGR

07/16/2004

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