

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026988

FILED
Feb 27, 2008
Secretary of State

Entity Name: BARCLAY MCKAY PARTNERS, LLC

Current Principal Place of Business:

1123 OVERCASH DRIVE
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1123 OVERCASH DRIVE
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 14-1891372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHMITZ, KARL
12000 N. DALE MABRY HWY
SUITE 110
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

SCHMITZ, KARL
1123 OVERCASH DR
DUNEDIN, FL 34698 US

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: KARL SCHMITZ

02/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SURRENCY, JEFFERY T
Address: 1123 OVERCASH DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: MGR () Delete
Name: VIETTO, DANIEL L
Address: 1123 OVERCASH DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: MGR () Delete
Name: COIA, DAVID S
Address: 1123 OVERCASH DRIVE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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: DANIEL VIETTO

MGR

02/27/2008

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