

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027046

FILED
Jan 15, 2004
Secretary of State

Entity Name: BARCLAY'S REAL ESTATE GROUP, LLC

Current Principal Place of Business:

1717 N. BAYSHORE DR, #2931
MIAMI, FL 33132

New Principal Place of Business:

9559 HARDING AVENUE
MIAMI BEACH, FL 33154

Current Mailing Address:

1717 N. BAYSHORE DR, #2931
MIAMI, FL 33132

New Mailing Address:

9559 HARDING AVENUE
MIAMI BEACH, FL 33154

FEI Number: 75-3123642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROCHETTE, MATHIEU
1717 N. BAYSHORE DR, #2931
MIAMI, FL 33132

Name and Address of New Registered Agent:

BEDARD, DENNIS R
1717 N. BAYSHORE DRIVE
102
MIAMI, FL 33132 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: DENNIS R. BEDARD

01/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ROCHETTE, MATHIEU PRINCIP
Address: 1717 N. BAYSHORE DRIVE - #2931
City-St-Zip: MIAMI, FL 33132 US

Title: MGRM () Change (X) Addition
Name: BROCHERIE, NICOLAS MEMBER
Address: 6120 LA GORCE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140 US

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: MATHIEU ROCHETTE

PRES

01/15/2004

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