2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2005
Secretary of State

DOCUMENT# L03000029896

Entity Name: ALBAR, L.L.C.

Current Principal Place of Business:

3419 PLACID VIEW DR.
LAKE PLACID, FL 338525037

New Principal Place of Business:

Current Mailing Address:

3419 PLACID VIEW DR.
LAKE PLACID, FL 338525037

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARGOLIS, JOHN A
STE. 330, 9990 S.W. 77TH AVE.
MIAMI, FL 331562699 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:	MGRM	( ) Delete
Name:	BARRETT, JOHN R	
Address:	195 RIVERBEND DR.	
City-St-Zip:	CHARLOTTESVILLE, VA 20911	
Title:	MGRM	( ) Delete
Name:	BARRETT, LOUISE	
Address:	195 RIVERBEND DR.	
City-St-Zip:	CHARLOTTESVILLE, VA 20911	
Title:	MGRM	( ) Delete
Name:	ALLEN, RICHARD	
Address:	3419 PLACID VIEW DR.	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	MGRM	( ) Delete
Name:	ALLEN, PATRICIA	
Address:	3419 PLACID VIEW DR.	
City-St-Zip:	LAKE PLACID, FL 33852	

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:	
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: LOUISE BARRETT MGRM 03/19/2005

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