

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 12, 2007 8:00 am
Secretary of State

09-12-2007 90040 001 ****50.00

DOCUMENT # L03000040531 1. Entity Name BART INTERNATIONAL, LLC	
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Principal Place of Business 855 BAYWAY BLVD #103 CLEARWATER BEACH, FL 33767	Mailing Address 855 BAYWAY BLVD #103 CLEARWATER BEACH, FL 33767
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60055925



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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08202007 Chg-LLC CR2E083 (12/06)

City & State	City & State
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4. FEI Number 20-0325781	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GAWLIK, ANDRZEJ 845 S GULFVIEW BLVD., #107B CLEARWATER, FL 33767	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <p align="center" style="font-size: 2em;"><i>SAME</i></p> City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to -
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	GAWLIK, ANDRZEJ
STREET ADDRESS	855 BAYWAY BLVD. #103
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767
TITLE	MGR <input type="checkbox"/> Delete
NAME	GAWLIK, DONATA
STREET ADDRESS	855 BAYWATCH BLVD., #103
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____