2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L03000041972

Entity Name: BARJAESKI, L.L.C.

Current Principal Place of Business:

C/O BARBARA LEWANDOWSKI
1514 MASSACHUSETTS AVENUE
LYNN HAVEN, FL 32244

New Principal Place of Business:

C/O BARBARA LEWANDOWSKI
2101 NORTHSIDE DRIVE UNIT 601
PANAMA CITY, FL 32405

Current Mailing Address:

C/O BARBARA LEWANDOWSKI
1514 MASSACHUSETTS AVENUE
LYNN HAVEN, FL 32244

New Mailing Address:

C/O BARBARA LEWANDOWSKI
2101 NORTHSIDE DRIVE UNIT 601
PANAMA CITY, FL 32405

FEI Number: 65-1207674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWANDOWSKI, BARBARA
1514 MASSACHUSETTS AVENUE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

LEWANDOWSKI, BARBARA
2101 NORTHSIDE DRIVE UNIT 601
PANAMA CITY, FL 32405 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: BARBARA LEWANDOWSKI 04/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEWANDOWSKI, BARBARA
Address: 1514 MASSACHUSETTS AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LEWANDOWSKI, BARBARA
Address: 2101 NORTHSIDE DRIVE UNIT 601
City-St-Zip: PANAMA CITY, FL 32405

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: BARBARA LEWANDOWSKI MGR 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date