

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90160 043 ****50.00

DOCUMENT # L04000002885

1. Entity Name

BARRETTE INVESTMENT PROPERTIES, LLC



Principal Place of Business

610 BOICE LANE
ORMOND BEACH FL 32174

Mailing Address

P.O. BOX 250724
HOLLY HILL FL 32125

2. Principal Place of Business

880 Airport Rd

3. Mailing Address

Suite, Apt. #, etc.
SAME

Suite, Apt. #, etc.

109

City & State

Ormond Beach FL

City & State

Zip

32174

Country

Volusia

Zip

Country

4. FEI Number

20-0625329

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRETTE, JUDITH H
610 BOICE LANE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Judith Barrette Member

1-20-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME BARRETTE, GUY A
STREET ADDRESS P.O. BOX 250724
CITY-ST-ZIP HOLLY HILL FL 32125

TITLE MGRM ☐ Delete
NAME BARRETTE, JUDITH H
STREET ADDRESS P.O. BOX 250724
CITY-ST-ZIP HOLLY HILL FL 32125

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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

Member

Judith Barrette

3-25-05 386-678-7799

Date

Daytime Phone #