

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018147

FILED
Apr 18, 2009
Secretary of State

Entity Name: BARRETT SQUARE HOLDINGS, L.L.C.

Current Principal Place of Business:

7 TOWN CENTER LOOP UNIT C-14
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

7 TOWN CENTER LOOP UNIT C-14
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-0826728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCHE, DAVID L
601 BAYSHORE BOULEVARD
SUITE 700
TAMPA, FL 33606 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/MANAGERS:

Title: MGRM () Delete
Name: ROOKIS, INC.
Address: 7 TOWN CENTER LOOP, C-14
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR (X) Delete
Name: GULF COASTAL DEVELOPMENT INC.
Address: 1860 REPUBLICA DE CUBA
City-St-Zip: TAMPA, FL 33605

Title: MGR (X) Delete
Name: KEVA, L.L.C.
Address: 1860 REPUBLICA DE CUBA
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROOKIS, INC.
Address: 7 TOWN CENTER LOOP, C-14
City-St-Zip: SANTA ROSA BEACH, FL 32459

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 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: RICHARD J. ROOKIS

P

04/18/2009

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