2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# L04000028685

Entity Name: BARLIE, L.L.C.

Current Principal Place of Business:

826 EAST ELKCAM CIRCLE
MARCO ISLAND, FL 34145

New Principal Place of Business:

826 EAST ELKCAM CIRCLE
MARCO ISLAND, FL 34145 US

Current Mailing Address:

PO BOX 478
MARCO ISLAND, FL 34146

New Mailing Address:

PO BOX 478
MARCO ISLAND, FL 34146 US

FEI Number: 59-3648828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURRY, MARIA G
826 EAST ELKCAM CIRCLE
MARCO ISLAND, FL 34145 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: CURRY, MARIA G
Address: 826 EAST ELKCAM CIRLCE
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR ( ) Delete
Name: FORTUNE, RAYMOND
Address: 826 EAST ELKCAM CIRCLE
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CURRY, MARIA G
Address: 826 EAST ELKCAM CIRLCE
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: MGR (X) Change ( ) Addition
Name: FORTUNE, RAYMOND
Address: 826 EAST ELKCAM CIRCLE
City-St-Zip: MARCO ISLAND, FL 34145 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA CURRY MGRM 04/17/2007

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