

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030173

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: BAR-LAND INVESTMENTS, LLC

**Current Principal Place of Business:**

9529 MAJESTIC WAY  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

9529 MAJESTIC WAY  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

FEI Number: 11-3717017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANDOLFI, JOSEPH M JR  
9529 MAJESTIC WAY  
BOYNTON BEACH, FL 33437 US

**Name and Address of New Registered Agent:**

LANDOLFI, JR., JOSEPH M  
9529 MAJESTIC WAY  
BOYNTON BEACH, FL 33437 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: JOSEPH M. LANDOLFI, JR.

04/12/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: LANDOLFI, JR., JOSEPH M  
Address: 9529 MAJESTIC WAY  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: MGRM ( ) Change (X) Addition  
Name: BARTA, SHANE P  
Address: 224 N SEACREST CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33444 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH M. LANDOLFI, JR.

MGRM

04/12/2005

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