

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90024 027 ****58.75

DOCUMENT # L04000032407

1. Entity Name
BARRY E. FREY REALTY, LLC



Principal Place of Business
**9220 BONITA BEACH ROAD, #109
BONITA SPRINGS, FL 34135**

Mailing Address
**9220 BONITA BEACH ROAD, #109
BONITA SPRINGS, FL 34135**

14000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-1113482

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREY, BARRY E
9220 BONITA BEACH ROAD, #109
BONITA SPRINGS, FL 34135**

Name
Michael B. Hill
Street Address (P.O. Box Number is Not Acceptable)
Sheppard, Brett, Stewart, Hersch & Kinsey
9100 College Pointe Court
City
Fort Myers **FL** Zip Code
33919

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 **Michael B. Hill**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FREY, BARRY E
9220 BONITA BEACH ROAD, #109
BONITA SPRINGS, FL 34135** ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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

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: **Barry E. Frey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #