


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90179 019 \*\*\*143.75

**DOCUMENT # L04000035038**

1. Entity Name  
**BARCO HOLDINGS, LLC**



Principal Place of Business      Mailing Address

**5800 NORTHWEST 74TH AVENUE**      **5800 NORTHWEST 74TH AVENUE**  
**MIAMI, FL 33166 US**      **MIAMI, FL 33166 US**

**60022082**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**18001 Old Cutler Road**      **18001 Old Cutler Road**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**SUITE 370**      **SUITE 370**

City & State      City & State

**Palmetto Bay, FL**      **Palmetto Bay, FL**

Zip      Country      Zip      Country

**33157**      **USA**      **33157**      **USA**

04012008    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For

**90-0171125**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JUAN DIAZ, ESQUIRE**  
**5800 NORTHWEST 74TH AVENUE**  
**MIAMI, FL 33166**

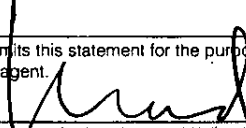
**7. Name and Address of New Registered Agent**

Name: **Corporate Creations Network, Inc.**

Street Address (P.O. Box Number if Not Acceptable): **11380 PROSPERITY FARMS ROAD # 221E**

City: **Palm Beach**      FL      Zip Code: **33410**

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:       DATE: **4/8/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

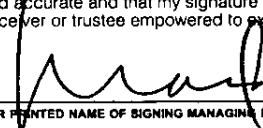
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARED, JOSE P 5800 NORTHWEST 74TH AVENUE MIAMI, FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHULMAN, IRA 5800 NORTHWEST 74TH AVENUE MIAMI, FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bared, Jose P 18001 Old Cutler Road, suite 370 Palmetto Bay, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:       Date: **4/8/08**      Daytime Phone #

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