2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

Mailing Address August A	DOCUMENT # L04000049668 1. Entity Name BARLAS DEVELOPMENT, L.L.C.						04-27-200	06 90032	2 005 ****50.0	00
Sulie, Apl. #, etc. Sulie, Apl. #, etc. Sulie. Apl. #, etc. Di122006 Chg-LLC CR2E083 (11/05)	2401 WOOD	POINT DR	2401 WOOD POIN	-		A IREN))	.		4881 IN 18 8 1
Coy & State City & State A FERL Number 20-1327241 S. Certificate of Status Desired For Required	2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Zo-1327241	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		011220	06 Chg-LL(CR2E083 (11/05)	
E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Address of New Registered Agent 8. The Address of New Registered Agent 8. The Address of New Registered Agent 9. Make Check payable to Plont 10 Page Address of New Registered Agent 11 Page Address of New Registered Agent 12 Page Address of New Registered 12 Page Address of New Registered 13 Page Address of New Reg	City & State		City & State	City & State						,
Name George BAPLAS	Zip	Country	Zip	Cour	ntry	5. Certifi	cate of Status De	sired (35.00 Add	ditional
TINGRIDES, STANROS ESO 804 B BELCHER RD, STE 100 CLEARWATER, FL 33765 8. The above named entity submits this statement filt the purpose of changing its registered differ or registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgations of registered agent, registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgations of registered agent, registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgations of registered agent, registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgations of registered agent, registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgations of registered agent, registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgations of registered agent, registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgations of registered agent, registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgation of registered agent, or both, in the State of Florida. I am familiar with, and accept the bidgation of registered agent are registered agent and accept the bidgation of registered agent and accept the bidgation of registered agent accept and		6. Name and Address of Cu	rrent Registered Agent	•		7. Name	and Address of	New Regis	tered Agent	
Street Address (P.O. Box Number is Not Acceptable) 2	-				Name (SEDRATE	BARIA	45		
8. The above named entity submits this statement of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Sinker Adoress	804 B BEL	CHER RD, STE 100						•		
B. The above named entity submits this statement of 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 agent. SIGNATURE SIGNATURE PHIIng Fee is \$50.00 Due by May 1, 2008 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILL MGR PROPRIED AGENCES ADDITIONS/CHANGES ITILE MGR MGR CITY-ST-2P HOLIDAY, FL 34691 TITLE MARE Detels TITLE MARE STREET ADDRESS CITY-ST-2P Detels TITLE MARE STREET ADDRESS CITY-ST-2P Change Addition MARE STREET ADDRESS CITY-ST-2P Change Addition MARE STREET ADDRESS CITY-ST-2P TITLE MARE STREET ADDRESS CITY-ST-2P Change Addition MARE STREET ADDRESS CITY-ST-2P Change Addition MARE STREET ADDRESS STREET AD	CLEARVVA	MER, PL 33700			<u> </u>	401 WOOT	POINT	DR		
SIGNATURE SIGNATURE SPATURE TO PER S \$50.00 PHITTING Fee IS \$50.00 Due by May 1, 2006 MARK check payable to Florida Department of State 9. MANAGING MEMBERS / MANAGERS TITLE MGR BARLAS, GEORGE STREET ADDRESS CITY-ST-2P TITLE MARE Detele MARE STREET ADDRESS CITY-ST-2P TITLE MARE Detele TITLE MARE STREET ADDRESS CITY-ST-2P TITLE STREET AD					City +	buday			FL Z	91
Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR BARLAS, GEORGE 2401 WOOD POINT DR HOLIDAY, FL 34691 TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE SIREET ADDR			pent for the purpose of changing	ng its register	red office or r	registered agent, o	both, in the Stat	e of Florida	. I am familiar with,	and accept
Filing Pee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TILLE MARE STREET ADDRESS CITY-ST-2PP TILE NAME STREET ADDRESS CITY-ST-2PP TILE NAME STREET ADDRESS CITY-ST-2PP TITLE NAME STREET ADDRESS CITY-ST-2PP TI		and the second	7							_
9. MANAGING MEMBERS/MANAGERS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CIT		Signature, typed or printed name of registered	d agent and title if applicable.	(NOTE: Registere			3)		9 39-34 DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Fi D	Signature, typed or printed name of registered	of agent and title if applicable.	(NOTE: Registere				Make ct	neck payable to	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Fi D	Signature, typed or printed name of registered			ed Agent signature	e required when reinstatin	ADDI*	Make ch	neck payable to partment of Stat	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Fi D	Signature, typed or printed name of registered siling Fee is \$50.00 ue by May 1, 2006 MANAGING M	EMBERS/MANAGERS	10.	ed Agent signature	e required when reinstatin	ADDI*	Make ch	neck payable to partment of Stat	6
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9. TITLE NAME	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE	EMBERS/MANAGERS	10. TITL	ed Agent signature , , , LE ME	e required when reinstatin	ADDI*	Make ch	neck payable to partment of Stat	6
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9. TITLE NAME STREET ADDRESS	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANAGERS	10. TITU NAA STR	ed Agent signature LE WE EET ADORESS	e required when reinstatin	ADDI*	Make ch	neck payable to partment of Stat	6
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANÄGERS Delete	10. TITL NAA STR CIT	ed Agent signature LE LE ME REET ADDRESS Y-SI-ZIP	e required when reinstatin	ADDI*	Make ch	neck payable to partment of State ANGES Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANÄGERS Delete	10. TITL NAA STR CIT'	ed Agent signature LE WE REET ADDRESS Y-S1-ZIP LE	e required when reinstatin	ADDI*	Make ch	neck payable to partment of State ANGES Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANÄGERS Delete	10. TITL NAM STR CIT' TITL NAM	ed Agent signature LE WE WEET ADDRESS Y-S1-ZIP LE ME	e required when reinstatin	ADDI*	Make ch	neck payable to partment of State ANGES Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANÄGERS Delete	10. TITL NAM STR CITT TITL NAM STR	OC Agent signature LE ME REET ADORESS Y- S1- ZIP LE ME REET ADDRESS	e required when reinstatin	ADDI*	Make ch	neck payable to partment of State ANGES Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANAGERS Delete	10. TITL NAM STR CIT' TITL NAM STR CIT'	ed Agent signature LE ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS Y-S1-ZIP	e required when reinstatin	ADDI*	Make ch	ANGES Change Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANAGERS Delete	10. TITL NAM STR CITT NAM STR CITT TITL TITL TITL TITL TITL	LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS	e required when reinstatin	ADDI*	Make ch	ANGES Change Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANAGERS Delete	10. TITLE NAM STR CITT NAM STR CITT TITLE NAM STR	LE ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS	e required when reinstatin	ADDI*	Make ch	ANGES Change Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANAGERS Delete . Delete	10. TITLE NAAN STR CIT' TITLE NAAN STR CIT' TITLE NAAN STR CIT' CIT' CIT' CIT' CIT'	LE ME REET ADDRESS Y-SI-ZIP	e required when reinstatin	ADDI*	Make ch	ANGES Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANAGERS Delete . Delete	10. TITLE NAA STR CIT' TITLE NAA STR CIT' TITLE NAA STR CIT' TITLE NAA STR	LE ME REET ADDRESS Y-SI-ZIP LE	e required when reinstatin	ADDI*	Make ch	ANGES Change Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANAGERS Delete . Delete	10. TITLE NAM STR CITT TITLE NAM STR CITT TITLE NAM STR CITT TITLE NAM STR CITT TITLE NAM NAM	LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE ME ME ME ME ME ME ME ME ME	e required when reinstatin	ADDI*	Make ch	ANGES Change Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANAGERS Delete . Delete	10. TITLE NAA STR CIT' NAA STR CIT' TITLE NAA STR CIT' TITLE NAA STR CIT' TITLE NAA STR	LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS LE ME REET ADDRESS HEET ADDRESS HEET ADDRESS	e required when reinstatin	ADDI*	Make ch	ANGES Change Change	Addition Addition
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CTTY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS	PI. 11ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANAGERS Delete Delete Delete	10. TITLE NAAN STR CIT' TITLE NAAN STR	LE ME REET ADDRESS Y-SI-ZIP	e required when reinstatin	ADDI*	Make ch	ANGES Change Change Change	Addition Addition Addition
TITLE Delete TITLE Change Addition NAME STREET ADDRESS TITLE STREET ADDRESS	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANAGERS Delete Delete Delete	10. TITLE NAM STR CIT' TITLE NAM STR	LE ME WEET ADDRESS Y-SI-ZIP LE ME WET ADDRESS Y-SI-ZIP LE ME WET ADDRESS Y-SI-ZIP LE ME WET ADDRESS Y-SI-ZIP LE	e required when reinstatin	ADDI*	Make ch	ANGES Change Change Change	Addition Addition Addition
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANAGERS Delete Delete Delete	10. TITLE NAAN STR CIT' TITLE NAAN STR	LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS	e required when reinstatin	ADDI*	Make ch	ANGES Change Change Change	Addition Addition Addition
STREET ADDRESS STREET ADDRESS	P. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANAGERS Delete Delete Delete Delete	10. TITLE NAM STR CIT' TITLE NAM STR	LE ME REET ADDRESS Y-SI-ZIP	e required when reinstatin	ADDI*	Make ch	ANGES Change Change Change Change	Addition Addition Addition Addition
CITY-ST-ZIP CITY-ST-ZIP	P. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANAGERS Delete Delete Delete Delete	10. TITLE NAM STR CIT' TITLE NAM STR	LE ME	e required when reinstatin	ADDI*	Make ch	ANGES Change Change Change Change	Addition Addition Addition Addition
	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of TEGistered Illing Fee is \$50.00 ue by May 1, 2006 MANAGING M MGR BARLAS, GEORGE 2401 WOOD POINT DR	EMBERS/MANAGERS Delete Delete Delete Delete	10. TITLE NAAN STR CUT* TITLE NAAN STR	LE ME REET ADDRESS Y-SI-ZIP LE ME ME REET ADDRESS Y-SI-ZIP LE ME	e required when reinstatin	ADDI*	Make ch	ANGES Change Change Change Change	Addition Addition Addition 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.

Member

SIGNATURE: METHODE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

727 515 9949