2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000049668

1. Entity Name

BARLAS DEVELOPMENT, L.L.C.



Principal Place of Business

2401 WOOD POINT DR HOLIDAY, FL 34691

Mailing Address

2401 WOOD POINT DR HOLIDAY, FL 34691

FILED Feb 05, 2007 8:00 am Secretary of State

02-05-2007 90202 017 ****50.00

A495PA



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1327241 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARLAS, GEORGE 2401 WOOD POINT DR HOLIDAY, FL 34691

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	named entity submits this statement for the purpose of changions of registered agent.	ging its registered	office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or prifted name of registered agent and title if applicable	INOTE Buorelorad A	gent signature required when reinstating)	DATE
	ling Fee is \$50.90 ue by May 1, 2007	MOTE Programmed A	gart act a to to to to the transcaling y	DATE
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARLAS, GEORGE 1150 SKYE LANE PALM HARBOR, FL 34683			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THI	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

11. Thereby 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 received Thistee empowered to execute this report as required if

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP