


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90032 033 ****50.00

DOCUMENT # L04000067819 1. Entity Name CHANDON BARCLAY GROUP OF COMPANIES, LLC					
Principal Place of Business 600 N.E. 36TH STREET SUITE 1002 MIAMI, FL 33137			Mailing Address 600 N.E. 36TH STREET SUITE 1002 MIAMI, FL 33137		
2. Principal Place of Business - No P.O. Box # 1622 NW 1st Ave		3. Mailing Address 1622 NW 1st Ave			
Suite, Apt. #, etc. #1		Suite, Apt. #, etc. #1			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 52-2456846	
Zip 33136		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, GARFIELD A 600 N.E. 36TH STREET SUITE 1002 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Garfield A. Miller Street Address (P.O. Box Number is Not Acceptable) 1622 NW 1st Ave #1 City Miami State FL Zip Code 33136			
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 <u><i>Garfield A. Miller</i></u> DATE <u>4/24/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, GARFIELD A 600 N.E. 36TH STREET, SUITE 1002 MIAMI, FL 33137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Garfield A. Miller 1622 NW 1st Ave #1 Miami, FL 33136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <u><i>Garfield A. Miller</i></u> Garfield A. Miller 4/24/07 305-803-2250 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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