

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2005 8:00 am
Secretary of State

04-21-2005 90028 041 ****50.00

DOCUMENT # L04000075403 1. Entity Name BARTH BUSINESS INVESTMENTS, LLC					
Principal Place of Business 835 GOLDEN POND COURT OSPNEY, FL 34229			Mailing Address 835 GOLDEN POND COURT OSPNEY, FL 34229		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MYERS, TROY H JR. 2033 MAIN ST. SUITE 600 SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuing)					
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 BARTH, CAROL 835 GOLDEN POND COURT OSPNEY, FL 34229 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			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: <i>Carol Barth</i>				Date: <i>April 8/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: <i>941-966-3090</i>	

30006071



01282005 Chg-LLC CR2E083 (10/03)

FEL Number **20-2110852** Applied For Not Applicable

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