

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 13, 2005 8:00 am
Secretary of State

04-18-2005 90078 037 ****50.00

DOCUMENT # L04000078043
 1. Entity Name
BARKER STREET LLC



Principal Place of Business Mailing Address
 32 STAPLES SHORE ROAD 32 STAPLES SHORE ROAD
 LAKEVILLE MA 02347 LAKEVILLE MA 02347
 US US

2. Principal Place of Business 3. Mailing Address
22 Beech Tree Drive *P.O. Box 1265*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lakeville Mass *Lakeville Mass*

Zip Country Zip Country
02347 *USA* *02347* *USA*

4. FEI Number Applied For
20-1805027 Not Applicable

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

6. Name and Address of Current Registered Agent
CURLL, ROBERT D
805 BARKER STREET
SEBASTIAN FL 32958

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: *Robert D. Curll Mgr Robert D. Curll* DATE: *4/10/05*

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURLL, ROBERT D 32 STAPLES SHORE ROAD LAKEVILLE MA 02347	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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
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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 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 recipient or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.
 SIGNATURE: *Robert D. Curll Mgr Robert D. Curll* Date: *4/10/05*



1st MOORE CR2E083 (10/04)