


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 32 STAPLES SHORE ROAD LAKEVILLE MA 02347 US			Mailing Address 32 STAPLES SHORE ROAD LAKEVILLE MA 02347 US		
2. Principal Place of Business 22 Beech Tree Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1265 Suite, Apt. #, etc.			
City & State Lakeville Mass		City & State Lakeville Mass			
Zip 02347		Country USA		4. FEI Number 20-1805027	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>Robert D. Curll Mgr Robert D. Curll</i></u> <u>4/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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"/> Change <input type="checkbox"/> Addition			
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			
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			
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: <u><i>Robert D. Curll Mgr Robert D. Curll</i></u> <u>4/10/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					