

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000083505

FILED
May 10, 2005
Secretary of State**Entity Name:** BARINV. LLC**Current Principal Place of Business:**9802 NE 2ND AVENUE
MIAMI SHORES, FL 33138**New Principal Place of Business:**20533 BISCAYNE BLVD
SUITE 484
MIAMI, FL 33180**Current Mailing Address:**1008 JEFFERSON AVE
305
MIAMI BEACH, FL 33139**New Mailing Address:**20533 BISCAYNE BLVD
SUITE 484
MIAMI, FL 33180**FEI Number:** 81-0671090**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TACHER, IAN
1008 JEFFERSON AVE
305
MIAMI BEACH, FL 33139 US**Name and Address of New Registered Agent:**TACHER, IAN
20533 BISCAYNE BLVD
SUITE 484
MIAMI, FL 33180 US

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.

SIGNATURE: IAN TACHER

05/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:Title: MGRM () Delete
Name: TACHER, IAN
Address: 1008 JEFFERSON AVE # 305
City-St-Zip: MIAMI BEACH, FL 33139 USTitle: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: TACHER, IAN
Address: 20533 BISCAYNE BLVD SUITE 484
City-St-Zip: MIAMI, FL 33180 USTitle: MGRM () Change (X) Addition
Name: SEMANCIK, ALLSION L
Address: 20533 BISCAYNE BLVD SUITE 484
City-St-Zip: MIAMI, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: IAN TACHER

MGRM

05/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date