

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000002192

1. Entity Name

BARBER STREET PARTNERS LLC



Principal Place of Business

**5834 BAY HILL CIRCLE
LAKE WORTH, FL 33463-6567**

Mailing Address

**5834 BAY HILL CIRCLE
LAKE WORTH, FL 33463-6567**



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3775123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONTIFF, SHELDON
5834 BAY HILL CIRCLE
LAKE WORTH, FL 33463-6567**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JONTIFF, SHELDON
STREET ADDRESS	5834 BAY HILL CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 334636567
TITLE	MGR
NAME	STANLEY, HAROLD C
STREET ADDRESS	1036 DAVENPORT DRIVE
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	MGR
NAME	HONRICH, HAROLD J
STREET ADDRESS	923 SW 28TH AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000582988
01/11/07-80053-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/08/2007

Date

561-536-0535

Daytime Phone #