

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048058

FILED
Jan 31, 2007
Secretary of State

Entity Name: BURNHAM & BARRYMOORE HOLDINGS LLC

Current Principal Place of Business:

2505 NW BOCA RATON BLVD
SUITE 205
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

2505 NW BOCA RATON BLVD
SUITE 205
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 20-2873290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFREY, SCHULTZ MGRM
2505 NW BOCA RATON BLVD
SUITE 205
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SAMMY, RAMIREZ MGRM
2505 NW BOCA RATON BLVD
SUITE 205
BOCA RATON, FL 33431 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: SAMMY RAMIREZ

01/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHULTZ, JEFFREY
Address: 2505 NW BOCA RATON BLVD STE 205
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGRM (X) Delete
Name: RAMIREZ, SAMMY
Address: 2505 NW BOCA RATON BLVD STE 205
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: SAMMY, RAMIREZ
Address: 518 NE 18TH ST
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SAMMY RAMIREZ

CEO

01/31/2007

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