

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058647

FILED
Sep 05, 2007
Secretary of State

Entity Name: BARKER & BLADES ASSOCIATES LLC

Current Principal Place of Business:

5073 MASSY DR
LAKE WORTH, FL 33463

New Principal Place of Business:

5073 MASSY DR
LAKE WORTH, FL 33463 US

Current Mailing Address:

5073 MASSY DR
LAKE WORTH, FL 33463

New Mailing Address:

5073 MASSY DR
LAKE WORTH, FL 33463 US

FEI Number: 11-3752476 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BLADES, ANTHONY
5073 MASSY DR
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLADES, ANTHONY
Address: 5073 MASSY DR
City-St-Zip: LAKE WORTH, FL 33463

Title: MGRM () Delete
Name: BARKER, RAWLE
Address: 6201 AMBER MIST LANE
City-St-Zip: CHARLOTTE, NC 28211

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLADES, ANTHONY
Address: 5073 MASSY DR
City-St-Zip: LAKE WORTH, FL 33463 US

Title: MGRM (X) Change () Addition
Name: BARKER, RAWLE
Address: 6201 AMBER MIST LANE
City-St-Zip: CHARLOTTE, NC 28211 US

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY BLADES

MGRM

09/05/2007

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