

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90052 008 \*\*\*\*50.00

<b>DOCUMENT # L05000063867</b>					
<b>1. Entity Name</b> BARR BROTHERS PROPERTIES, LLC					
<b>Principal Place of Business</b> 9157 HIGHLAND RIDGE WAY TAMPA, FL 33647			<b>Mailing Address</b> 9157 HIGHLAND RIDGE WAY TAMPA, FL 33647		
<b>2. Principal Place of Business</b> 2060 34TH WAY NORTH Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2060 34TH WAY NORTH Suite, Apt. #, etc.			
<b>City &amp; State</b> LARGO FL		<b>City &amp; State</b> LARGO FL		<b>4. FEI Number</b> 20-3520263	
<b>Zip</b> 33771		<b>Country</b> PHILIPINES		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BARR, EDWIN W 9157 HIGHLAND RIDGE WAY TAMPA, FL 33647			<b>7. Name and Address of New Registered Agent</b> Name: <u>BARR, Edwin W</u> Street Address (P.O. Box Number is Not Acceptable): 2060 34TH WAY NORTH City: <u>LARGO</u> <u>FL</u> <u>33771</u>		
<b>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.</b> SIGNATURE: <u>Edwin W Barr</u> <u>Edwin W BARR President</u> <u>3/29/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARR INDUSTRIES, INC. 9157 HIGHLAND RIDGE WAY TAMPA, FL 33647		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2060 34TH WAY NORTH LARGO FL 33771	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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"/> 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"/> 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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Edwin W Barr</u>			<u>3/29/06</u>		<u>(727) 520-0714</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>