

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071781

FILED
Apr 08, 2008
Secretary of State

Entity Name: BARRIER ISLAND DEVELOPMENT, L.L.C.

Current Principal Place of Business:

308 NORTH 2ND STREET
FLAGLER BECH, FL 32136

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 668
FLAGLER BEACH, FL 32136

New Mailing Address:

P.O. BOX 959
FLAGLER BEACH, FL 32136

FEI Number: 20-3332966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOBACK, JOHN E SR
590 SPRINGDALE DRIVE
FLAGLER BEACH, FL 32136 US

Name and Address of New Registered Agent:

POLDOIAN, JAMES S
24 SOUTH RIVERWALK DRIVE
PALM COAST, FL 32137 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: JAMES S. POLDOIAN

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOBACK, JOHN
Address: P.O. BOX 1996
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM () Delete
Name: BOBACK, JOHN E SR.
Address: P.O. BOX 959
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POLDOIAN, JAMES S
Address: P.O. BOX 959
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM (X) Change () Addition
Name: POLDOIAN, JAMES S
Address: P.O. BOX 959
City-St-Zip: FLAGLER BEACH, FL 32136

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: JAMES S. POLDOIAN

MGRM

04/08/2008

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