

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90342 007 ****55.00

DOCUMENT # L05000111483

1. Entity Name
SINGLE BARREL LLC



Principal Place of Business Mailing Address
~~3307 NORTHLAKE BLVD~~ 1211 Manor Dr. PO BOX 2422
~~B-103~~ Riviera Bch, FL PALM BEACH, FL 33480
~~PALM BEACH GARDENS, FL 33410~~ 33404



02062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3822802

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~EITEL, MARK D~~ SCHAFER, MATTHEW V
~~765 WESTWIND DR.~~ 1211 Manor Dr
~~NORTH PALM BEACH, FL 33408~~ Riviera Bch, FL
33404

**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

Matthew V Schaffer

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

(NOTE: Registered Agent signature required when reinstating)

4/3/07

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHAFFER, MATHEW V 1211 MANOR DRIVE RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EITEL, MARK D 765 WESTWIND DRIVE NORTH PALM BEACH, FL 33408 DELETE
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**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:

Matthew V Schaffer

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

4/3/07

Date

561-312-1094

Daytime Phone #