2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000123101

1. Entity Name

BARGER INTERESTS, LLC

US

Principal Place of Business

11001 DANKA WAY NORTH

UNIT 3

ST. PETERSBURG, FL 33716

Mailing Address

11001 DANKA WAY NORTH

UNIT 3

ST. PETERSBURG, FL 33716

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4102038

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

FILED

Feb 11, 2008 08:00 A Secretary of State

6. Name and Address of Current Registered Agent

HUMBARGER, JUDY K 11001 DANKA WAY NORTH UNIT 3 ST. PETERSBURG, FL 33716

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char tions of registered agent	nging its registere	ed office or reg	istered agent, or bo	th, in the State of Florida. I am familiar with,	and accept	
SIGNATURE.							
Signature, typed or printed name of registered agent and title if applicable.		(NOTE, Registered Agent signature required when reinstaling)			DATE		
FILE After May	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	ŧ				· _:	
9	MANAGING MEMBERS/MANAGERS						
TITLE	MGR						
NAME	BARGER, MICHAEL E						
STREET ADDRESS	11001 DANKA WAY NORTH, UNIT 3						
CITY-ST-ZIP	ST. PETERSBURG, FL 33716						
TITLE		-	1		U00000822540		
NAME					02/20/08-80001-020 13	מוניי מנ	
STREET ADDRESS					02/20/00T000U1TU28 1:	oo. To	
CITY-ST-ZIP							
TITLE		<u> </u>					
NAME							
STREET ADDRESS				DO	NOT MOITE		

11. I hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited (tability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

1-7-08

7.520-7711

IN THIS SPACE

Daytime Phone #