

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005140

FILED
Apr 30, 2007
Secretary of State

Entity Name: BARKSDALE FINANCIAL ASSOCIATES, LLC

Current Principal Place of Business:

605 BLUE LAKE DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

5259 VISTA CLUB RUN
SANFORD, FL 32771 US

Current Mailing Address:

605 BLUE LAKE DRIVE
LONGWOOD, FL 32779

New Mailing Address:

5259 VISTA CLUB RUN
SANFORD, FL 32771 US

FEI Number: 20-4150824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEAGLE, JOSEPH E
501 E SOUTH ST., STE B
ORLANDO, FL 32801 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: BARKSDALE, WILLIAM S MANAGER
Address: 5259 VISTA CLUB RUN
City-St-Zip: SANFORD, FL 32771 US

Title: MS () Change (X) Addition
Name: BARKSDALE, REBECCA B MANAGER
Address: 5259 VISTA CLUB RUN
City-St-Zip: SANFORD, FL 32771 US

Title: MS () Change (X) Addition
Name: LOWE, SHARON B MANAGER
Address: 214 THISTLEWOOD CIRCLE
City-St-Zip: LONGWOOD, FL 32779 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: WILLIAM S. BARKSDALE

MR.

04/30/2007

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