

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000005140

FILED
Feb 13, 2008
Secretary of State**Entity Name:** BARKSDALE FINANCIAL ASSOCIATES, LLC**Current Principal Place of Business:**5259 VISTA CLUB RUN
SANFORD, FL 32771 US**New Principal Place of Business:****Current Mailing Address:**5259 VISTA CLUB RUN
SANFORD, FL 32771 US**New Mailing Address:****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:**LOWE, SHARON B
5259 VISTA CLUB RUN
SANFORD, FL 32771 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: SHARON B. LOWE

02/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MR () Delete
Name: BARKSDALE, WILLIAM S MANAGER
Address: 5259 VISTA CLUB RUN
City-St-Zip: SANFORD, FL 32771 USTitle: MS () Delete
Name: BARKSDALE, REBECCA B MANAGER
Address: 5259 VISTA CLUB RUN
City-St-Zip: SANFORD, FL 32771 USTitle: MS () Delete
Name: LOWE, SHARON B MANAGER
Address: 214 THISTLEWOOD CIRCLE
City-St-Zip: LONGWOOD, FL 32779 US**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON LOWE

MS

02/13/2008

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