

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009538

Entity Name: BARBARA J CINTRON, LLC.

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

3053 ELBIB DR
ST CLOUD, FL 34772 US

New Principal Place of Business:

3636 DOE RUN DRIVE
ST CLOUD, FL 34772 US

Current Mailing Address:

3053 ELBIB DR
ST CLOUD, FL 34772 US

New Mailing Address:

3636 DOE RUN DRIVE
ST CLOUD, FL 34772 US

FEI Number: 20-4195063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CINTRON, BARBARA
3053 ELBIB DR
ST CLOUD, FL 34772 US

Name and Address of New Registered Agent:

CINTRON, BARBARA
3636 DOE RUN DRIVE
ST CLOUD, FL 34772 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:

03/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CINTRON, BARBARA
Address: 3053 ELBIB DR
City-St-Zip: ST CLOUD, FL 34772 US

Title: MGR () Delete
Name: JOSE, CINTRON
Address: 3053 ELBIB DR
City-St-Zip: ST CLOUD, FL 34772 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CINTRON, BARBARA
Address: 3636 DOE RUN DRIVE
City-St-Zip: ST CLOUD, FL 34772 US

Title: MGR (X) Change () Addition
Name: JOSE, CINTRON
Address: 3636 DOE RUN DRIVE
City-St-Zip: ST CLOUD, FL 34772 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA J CINTRON

MGRM

03/20/2007

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