

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90257 012 ****50.00

DOCUMENT # L06000012027 1. Entity Name BARSA ENTERPRISES, L.L.C.					
Principal Place of Business 8666 SEMINOLE BLVD. SEMINOLE, FL 33772 US			Mailing Address 8666 SEMINOLE BLVD. SEMINOLE, FL 33772 US		
2. Principal Place of Business - No P.O. Box # 8200 113th STREET		3. Mailing Address 8200 113th STREET			
Suite, Apt. #, etc. SUITE #103		Suite, Apt. #, etc. SUITE #103			
City & State SEMINOLE FL		City & State SEMINOLE FL			
Zip 33772		Country FLORIDA		Zip 33772	
Country FLORIDA		Country FLORIDA			
4. FEI Number 20-4247062					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BARTHOLMEY, SCOTT 8666 SEMINOLE BLVD. SEMINOLE, FL 33772					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8200 113th STREET SUITE #103 City SEMINOLE FL 33772					
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  SCOTT BARTHOLMEY 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARTHOLMEY, SCOTT 8666 SEMINOLE BLVD. SEMINOLE, FL 33772	<input type="checkbox"/> Delete			
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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  SCOTT BARTHOLMEY 4/30/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					