

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2007 8:00 am
Secretary of State

02-27-2007 90084 009 ****50.00

DOCUMENT # L06000023311					
1. Entity Name BARRINGTON PARK OF TALLAHASSEE, LLC					
Principal Place of Business 226 NORTH DUVAL STREET TALLAHASSEE FL 32301			Mailing Address P.O. BOX 13633 TALLAHASSEE FL 32317		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-4454442				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LINDSEY, WILLIAM S 1407 PIEDMONT DRIVE EAST TALLAHASSEE FL 32308			Name WM. SCOTT LINDSEY Street Address (P.O. Box Number is Not Acceptable) 1882 CAPITAL CIRCLE SUITE #106 NE City TALLAHASSEE FL Zip Code 32308		
B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUDNICK, JAMES M P.O. BOX 13633 TALLAHASSEE FL 32317		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>James M. Rudnick</u> 2/21/07 850 671 9999 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					