2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-05-2007 90197 012 ****50.00

DOCUMENT # L06000031292

1. Entity Name
BARRIER ISLAND ASSOCIATES, LLC

Principal Place of Business	Mailing Address
P.O. BOX 880 CAPTIVA, FL 33924 US	P.O. BOX 880 CAPTIVA, FL 33924 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
17171 Captiva Dr.	PO Box 880
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Captiva, FL	City & State: Captiva FL
Zip: 33924 Country: USA	Zip: 33924 Country: USA

02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number — 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
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Owner~~ Manager Michael Mullins 17171 Captiva Dr - PO Box 880 Captiva, FL. 33924 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Cannella Mullins 17171 Captiva Dr. PO Box 880 Captiva, FL. 33924 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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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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.

Cannella C. Mullins

SIGNATURE: Cannella C Mullins 2/1/07 239-395-3546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #