

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000034663

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** 297 BARNES BOULEVARD, LLC

**Current Principal Place of Business:**

592 HAWKSBILL ISLAND DRIVE  
SATELLITE BEACH, FL 32937 US

**New Principal Place of Business:**

**Current Mailing Address:**

592 HAWKSBILL ISLAND DRIVE  
SATELLITE BEACH, FL 32937 US

**New Mailing Address:**

FEI Number: 20-4621389      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABRAVAYA, MARIA E  
592 HAWKSBILL ISLAND DRIVE  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ABRAVAYA, MARIA E  
Address: 592 HAWKSBILL ISLAND DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: MGR ( ) Delete  
Name: ABRAVAYA, RALPH I  
Address: 592 HAWKSBILL ISLAND DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937 US

**ADDITIONS/CHANGES:**

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: MARIA ABRAVAYA      MGR      04/30/2007

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