

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084978

FILED
Apr 14, 2009
Secretary of State

Entity Name: DAVID BARKER & COMPANY, LLC

Current Principal Place of Business:

1809 VICTORY PALM DR
EDGEWATER, FL 32132 US

New Principal Place of Business:

1727 JUNIPER DR
EDGEWATER, FL 32132 US

Current Mailing Address:

1809 VICTORY PALM DR
EDGEWATER, FL 32132 US

New Mailing Address:

1727 JUNIPER DR
EDGEWATER, FL 32132 US

FEI Number: 20-5466598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKER, DAVID C
1809 VICTORY PALM DR.
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

BARKER, DAVID C
1727 JUNIPER DR.
EDGEWATER, FL 32132 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: DAVID C BARKER

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARKER, DAVID C
Address: 1809 VICTORY PALM DR.
City-St-Zip: EDGEWATER, FL 32132 US

Title: MGR () Delete
Name: BARKER, SELMA D
Address: 1809 VICTORY PALM DR.
City-St-Zip: EDGEWATER, FL 32132 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARKER, DAVID C
Address: 1727 JUNIPER DR.
City-St-Zip: EDGEWATER, FL 32132 US

Title: MGR (X) Change () Addition
Name: BARKER, SELMA D
Address: 1727 JUNIPER DR.
City-St-Zip: EDGEWATER, FL 32132 US

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: DAVID C BARKER

MGR

04/14/2009

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