

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90044 027 \*\*\*\*50.00

<b>DOCUMENT # L06000096341</b>					
<b>1. Entity Name</b> BARK INVESTMENTS, LLC					
<b>Principal Place of Business</b> 2975 OVERSEAS HIGHWAY MARATHON, FL 33050 US			<b>Mailing Address</b> <del>2975 OVERSEAS HIGHWAY</del> <del>MARATHON, FL 33050</del> PO Box 510908, 33051 Key Colony Beach, FL		
<b>2. Principal Place of Business - No P.O. Box #</b> 2975 Overseas Highway Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO Box 510908 Suite, Apt. #, etc.			
<b>City &amp; State</b> Marathon, FL		<b>City &amp; State</b> Key Colony Beach, FL		<b>4. FEI Number</b> 64-0949833	
<b>Zip</b> 33050		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MILLER, ROBERT K ESQ. 2975 OVERSEAS HIGHWAY MARATHON, FL 33050				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>RYDELL, CLIFF</b> 600 - 10TH STREET KEY COLONY BEACH, FL 33051		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>RYDELL BARBARA</b> 600 10th Street Key Colony Beach, FL 33051		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b>			Date: April 20, 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # 305-587-9830		