


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 16, 2007 8:00 am
Secretary of State

06-28-2007 90061 013 ****50.00

DOCUMENT # L06000116669

1. Entity Name
 BAR 41, LLC



Principal Place of Business
 3233 EAST BAY DRIVE
 104
 LARGO FL 33771
 US

Mailing Address
 3233 EAST BAY DRIVE SUITE 104
 104
 LARGO FL 33771
 US

2. Principal Place of Business - No P.O. Box
 44500 SR 21 N
 Suite, Apt. #, etc.

3. Mailing Address
 44500 SR 21 N
 Suite, Apt. #, etc.

City & State
 WILBUR, WA

City & State
 WILBUR WA


Zip
 99185

Country
 LINCOLN

Zip
 99185

Country
 LINCOLN

30011764



23-702-3347

151 MOORE CR2E083 (10/06)

8. Name and Address of Current Registered Agent

SCOTT, SEAN W ESQ.
 3233 EAST BAY DR.
 104
 LARGO FL 33771

4. FEI Number
 23-7023347

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

I, 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 representative (not for "Not Applicable") (NOT) Registered Agent's signature (required when necessary) 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 BRAD, MCDOWELL 44500 SR 21 NORTH WILBUR WA 99185	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM KAY, MCDOWELL 44500 SR 21 NORTH WILBUR WA 99185	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I, 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 606, Florida Statutes.

SIGNATURE: Brad McDowell 5-16-07 5096970117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Current Page #