

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120586

FILED
Apr 23, 2007
Secretary of State

Entity Name: BARTON & BILLINGS LLC

Current Principal Place of Business:

3161 ALLISON MARIE COURT
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

3161 ALLISON MARIE COURT
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 20-8071618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILLINGS, BRUCE
9421 BUCK HAVEN TRAIL
TALLAHASSEE, FL 32312 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: BARTON, COLIN
Address: 3228 BLACK GOLD TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR () Delete
Name: BARTON, JEANETTE
Address: 3228 BLACK GOLD TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR () Delete
Name: BARTON, MEGAN
Address: 3161 ALLISON MARIE COURT
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGR () Delete
Name: BILLINGS, BRUCE
Address: 9421 BUCK HAVEN TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR () Delete
Name: BILLINGS, JEANNE
Address: 9421 BUCK HAVEN TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR () Delete
Name: BILLINGS, JESSICA
Address: 3161 ALLISON MARIE COURT
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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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: BRUCE BILLINGS

MGR

04/23/2007

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