

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 01, 2009
Secretary of State**

DOCUMENT# L07000025748

Entity Name: BARCLAY WILDWOOD PARTNERS, LLC

Current Principal Place of Business:

1123 OVERCASH DR.
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1123 OVERCASH DR.
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 20-8587002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHMITZ, KARL
1123 OVERCASH DR.
DUNEDIN, FL 34698 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: VIETTO, DANIEL
Address: 1123 OVERCASH DR
City-St-Zip: DUNEDIN, FL 34698

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

Title: MGR () Delete
Name: COIA, DAVID S
Address: 1123 OVERCASH DR
City-St-Zip: DUNEDIN, FL 34698

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

Title: MGR () Delete
Name: SURRENCY, JEFFREY
Address: 1123 OVERCASH DR
City-St-Zip: DUNEDIN, FL 34698

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: DANIEL VIETTO

MGR

05/01/2009

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