## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT #L07000070531** 01-18-2008 90015 009 \*\*\*138 75 BARRY REALTY, LLC Principal Place of Business Mailing Address 60002209 7711 EAST PLEASANT VALLEY ROAD 140 SOUTH DIXIE HWY CLEVELAND, OH 44131 US 710-B HOLLYWOOD, FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent sane MONROE, MITCHELL E ESQ. Street Address (P.O. Box Number is Not Acceptable) 107 SE 5TH STREET DANIA BEACH, FL 33004 IDI NE Third Avenue \$1500 Fort Landerdale 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM DTLE ☐ Change ■ Addition TITLE ☐ Delete MINOFF, BARRY J TRUSTEE NAME NAME 7711 EAST PLEASANT VALLEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEVELAND, OH 44131 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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. 1-14-08 SIGNATURE: Daytme Phone # SIGNATURE AND TYPED OR PRINTED HAI ER, MANAGER, OR ALITHORIZED REPRESENTATIVE

FILED

Jan 18, 2008 8:00 am