2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L07000076599

Entity Name: BARLEY, MARTIN & WILD, CPA, PL

Current Principal Place of Business:

4651 SALISBURY RD
SUITE 330
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

4651 SALISBURY RD
SUITE 330
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 26-0593754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARLEY, DAVID P SR
4651 SALISBURY RD
SUITE 330
JACKSONVILLE, FL 32256 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:	MGRM	( ) Delete
Name:	BARLEY, DAVID P SR	
Address:	4651 SALISBURY RD, SUITE 330	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	MGRM	( ) Delete
Name:	MARTIN, SAM F	
Address:	4651 SALISBURY RD., SUITE 330	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	MGRM	( ) Delete
Name:	WILD, VICKY G	
Address:	4651 SALISBURY RD., SUITE 330	
City-St-Zip:	JACKSONVILLE, FL 32256	

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:	

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: DAVID P BARLEY SR PRES 01/15/2009

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