

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000087142

FILED
Dec 10, 2009
Secretary of State**Entity Name:** SI BARRETT PLACE, LLC**Current Principal Place of Business:**1340 BURLINGTON STREET
NORTH KANSAS CITY, MO 64116**New Principal Place of Business:**6360 I-55 NORTH
SUITE 210
JACKSON, MS 39211**Current Mailing Address:**1340 BURLINGTON STREET
NORTH KANSAS CITY, MO 64116**New Mailing Address:**6360 I-55 NORTH
SUITE 210
JACKSON, MS 39211**FEI Number:** 20-8330825**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STRADINGER, JOHN M
1340 BURLINGTON STREET
NORTH KANSAS CITY, FL 64116 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:** PRES () Delete
Name: STRADINGER, JOHN M
Address: 1340 BURLINGTON STREET
City-St-Zip: NORTH KANSAS CITY, MO 64116**Title:** MGMR (X) Delete
Name: STRADINGER, JOE
Address: 1340 BURLINGTON STREET
City-St-Zip: NORTH KANSAS CITY, MO 64116**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: STRADINGER INVESTMENTS, LLC
Address: 6360 I-55 NORTH, SUITE 210
City-St-Zip: JACKSON, MS 39211**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: JOE STRADINGER, MGR OF STRANDINGER INVESTM MGR 12/10/2009

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