FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

LING FEE \$ 203.75		<u> </u>	75 Corporation Supplemental Fee RIDA DEPARTMENT OF STA
	1997		Secretary of State DIVISION OF CORPORATION

97 HAR 24 PM 2: 58

FILING							SECRETARY OF STATE TALLAHASSEE, FLORIDA					
	\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address DOCLERAENT #						TĂTTĂHASSEE, PLUNIDA					
1. Name and Malling Address of Limited Liability Company DOCUMENT # L9500000438							·					
BARSKI AND BARSKI, LIMITED COMPANY 609 42ND STREET COURT WEST PALMETTO FL 34221					1a. Principal Place of Business Address 609 42ND STREET COURT WEST PALMETTO FL 34221							
		incorrect in any way, line three				ection in Block	k 2a.	3. Date Organized or Qualified 3a. State of Formation				
2. Principal Place of Business		2a. Malling Address										
Suite, Ap	. #, etc.		Suite, Apt	Suite, Apt. #, etc.				-06/06/1995 FL 4. FEI Number			т	
			\ <u></u>					4. FEI Number Applied For			Applied For .	
City & State		City & Sta	City & State				65-0569497		Not Applicable			
Zip	 -	Country	Zφ	Coun		try		5. Date of I	ast Report		cate of Status Desired	
								05/31/	/1996	S8.75 Additional Fee Required		
	7. Name	and Address of Current	Registered a	Agent		Name		3. Name and	Address of New Re	gistered A	gent	
REID, EDWARD O 3633 26TH STREET WEST BRADENTON FL 34209					Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.							
					i	City		Zip Code				
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE												
10. Title	Ma	(Hegistered Agent Accepting		OTE. Registered Agent signature required when reinstating Business Street Address			<u>'</u>	City	, State and	Zip Code		
		managing Monitons/Managore Dusiness C								,		
MGRM	BARSKI	RSKI, KLAUS J 609 42ND STREET COURT WEST PALMETTO FL										
MGRM	BARSKI	, BONNIE J	l	609 4	12ND S	STREET COURT WEST PALMETTO FI						
: <u>. </u>								4	100002 -03/25 ****2	V3.75	1549 11037-014 *****203.75 law 124/97	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

INHSE10 R(12-96)

SIGNATURE:

ALAUS J. BARSK I My .

IATURE AND TYPED OF DEPARTMENT THANK OF SIGNING MANAGING MEMBER OR MANAGER