

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000118

Entity Name: 2960 BARRETT, L.C.

FILED  
Apr 17, 2009  
Secretary of State

**Current Principal Place of Business:**

6435 HIGHCROFT DRIVE  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

6435 HIGHCROFT DRIVE  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number: 59-3562066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLZKAMPER, HENRY  
6435 HIGHCROFT DRIVE  
NAPLES, FL 34119 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: HOLZKAMPER, HENRY  
Address: 6435 HIGHCROFT DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete  
Name: MOORE, JAN E  
Address: 6435 HIGHCROFT DRIVE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

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: HENRY HOLZKAMPER

MGR

04/17/2009

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