

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
Feb 04, 2005 08:00 AM  
Secretary of State

DOCUMENT # L98000001204  
1. Entity Name  
BARRINGTON INVESTMENT GROUP, LLC



Principal Place of Business % ALAN L. STANZLER 105 JERICO ROAD WESTON, MA 02493	Mailing Address % ALAN L. STANZLER 105 JERICO ROAD WESTON, MA 02493
--	--

**DO NOT WRITE IN THIS SPACE**



01272005No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3427869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
ROSE, JON E  
% CHARLES WAYNE PROPERTIES  
2300 MAITLAND CENTER PARKWAY, SUITE 306  
MAITLAND, FL 32751

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STANZLER, ALAN L 105 JERICO ROAD WESTON, MA 02493
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000000215177  
02/04/05-80040-024 50.00

**DO NOT WRITE IN THIS SPACE**

11. I 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 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.

SIGNATURE:  1/31/05 617 250-7005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #