LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

01-29-2003 90065 010 ****50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001204

1. Entity Name

BARRINGTON INVESTMENT GROUP, LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
c/o Alan L. Stanzler	c/o Alan L. Stanzler
Suite, Apt. #, etc.: 23 Jericho Road	Suite, Apt. #, etc.: 23 Jericho Road
City & State: Weston, MA	City & State: Weston, MA
Zip: 02493 Country:	Zip: 02493 Country:

4. FEI Number 04-3427869 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rose, Jon E c/o Charles Wayne Properties

Street Address (P.O. Box Number is Not Acceptable):

2300 Maitland Center Parkway, Suite 306

City: Maitland **FL** Zip Code: 32751

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STANZLER, ALAN L. 23 JERICHO ROAD, WESTON, MA 02493
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CR2E083B (12/02)

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: Alan L Stanzler 1/16/03 617-803-3020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #