2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000001675

1. Entity Name
BARBIERI & SCRENCI, LLC

Principal Place of Business	Mailing Address
3200 NORTH MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431	3200 NORTH MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

01112006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0860074

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCRENCI, STEPHEN W
3200 NORTH MILITARY TRAIL, SUITE 200
BOCA RATON, FL 33431

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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: S W Barbieri S W Screnci 2/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BARBIERI, FRANK A JR.
STREET ADDRESS	3200 NORTH MILITARY TRAIL, SUITE 200
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	SCRENCI, STEPHEN W
STREET ADDRESS	3200 NORTH MILITARY TRAIL, SUITE 200
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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04/25/06-80025-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: S W Barbieri S W Screnci 2/7/06 561-997-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #