



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000000628 1. Entity Name BARTH FAMILY LLC	
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Principal Place of Business 5432 NW 1ST AVE FT LAUDERDALE, FL 33309	Mailing Address 5432 NW 1ST AVE FT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



01172005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0892010	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 KABACK, CHARLOTTE 5432 N.W. 1ST AVENUE FT LAUDERDALE, FL 33309	DO NOT WRITE IN THIS SPACE
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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.

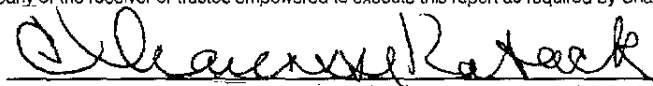
SIGNATURE:  4/12/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTH, STEVEN 1004 BASIL ROAD MCLEAN, VA 22101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KABACK, CHARLOTTE 5432 NW 1ST AVE. FT. LAUDERDALE, FL 33309
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**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)(f), 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:  4/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #