

FILED
May 13, 2004 8:00 am
Secretary of State

[illegible]

DOCUMENT # M02000002698

1. Entity Name

BARCLAY MANAGEMENT GROUP, LLC

Principal Place of Business

PO BOX 1243

SAINT CLOUD MN 56302

Mailing Address

PO BOX 1243

SAINT CLOUD MN 56302

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

41-1997196

Applied For

Not Applicable

5. Certificate of Status Desired

MOORE

CR2E083 (11/03)

5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR

BEMAN, MICHAEL

130 PARK AVENUE

SAINT CLOUD MN 56301

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR

STOWE, ALLAN

130 PARK AVE S

SAINT CLOUD MN 56301

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR

DOWD, WALTER

130 PARK AVE S

SAINT CLOUD MN 56301

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

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STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

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: [Signature]

5-07-04

320-259-0536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #