

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90024 003 \*\*\*\*50.00

DOCUMENT # L00000009124

1. Entity Name  
**BARESKIN, L.L.C.**



Principal Place of Business  
**5147 N NINTH AVE., SUITE 315  
PENSACOLA FL 32504**

Mailing Address  
**P.O. BOX 30007  
PENSACOLA FL 32504**

00000010



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3661430**  
Applied For   
Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RIPPS, LORRAINE G  
4535 BOHEMIA PLACE  
PENSACOLA FL 32504**

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 *Lorraine G Ripps*

1/8/03  
DATE

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE **MGR**  Delete  
NAME **MILLS, CINDY**  
STREET ADDRESS **5880 CATER LAKE CIRCLE**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **OFFICE MGR**  Change  Addition  
NAME **DEBBIE SIBLEY**  
STREET ADDRESS **5147 N. 9th Avenue**  
CITY-ST-ZIP **Pensacola, FL 32504/05**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Lorraine G Ripps*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-8-03 850-478-2000  
Date Daytime Phone #

CR2E083 (10/02)