

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000064559

**FILED  
Jan 12, 2007  
Secretary of State**

**Entity Name:** BARBARA T, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

<UNUSED>  
LAKELAND, FL 33811

**Current Mailing Address:**

**New Mailing Address:**

PO BOX 827  
MULBERRY, FL 33860

FEI Number: 20-1534434      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TEXTER, HARLEIGH A  
1335 LONGOAK DR N  
LAKELAND, FL 33811      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: TEXTER, BARBARA U  
Address: 1335 LONGOAK DR N  
City-St-Zip: LAKELAND, FL 33811

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: TEXTER, HARLEIGH A  
Address: 1335 LONGOAK DR N  
City-St-Zip: LAKELAND, FL 33811

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HARLEIGH A TEXTER

MGRM

01/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date