

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-10-2006 90046 015 *****55.00

DOCUMENT # L05000052240					
1. Entity Name BARNES MANAGEMENT, LLC					
Principal Place of Business 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134			Mailing Address 220 ALHAMBRA CIRCLE C/O COMMERCEBANK TRUST CO CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
03232006		Chg-LLC		CR2E083 (11/05)	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PKWY. #300 CAPE CORAL, FL 33904				Name CTC Management Services, LLC.	
				Street Address (P.O. Box Number is Not Acceptable)	
				220 Alhambra Circle, 11th Floor	
				City Coral Gables	
				FL	
				Zip Code 33134	
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 <u>Pedro R. Parna</u> PEDRO R. PARNA, AUTHORIZED REPRESENTATIVE 3-23-2006 <small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing) DATE)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARNES TRUST <input checked="" type="checkbox"/> Delete 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COMMERCEBANK TRUST COMPANY, N.A. <input type="checkbox"/> Delete 220 ALHAMBRA CIRCLE CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 508, Florida Statutes.					
COMMERCIBANK TRUST COMPANY N.A., AS MANAGER					
SIGNATURE: <u>Anthony Parna</u> ANTHONY PARNA 3-24-2006 (305) 441-5555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					