


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L00000009514</b> 1. Entity Name BARNES FAMILY, LLC	
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**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 3119 MANATEE AVENUE WEST BRADENTON, FL 34205	Mailing Address 3119 MANATEE AVENUE WEST BRADENTON, FL 34205
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07152008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1030060	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

8. Name and Address of Current Registered Agent

BARNES, GARRET T  
 3119 MANATEE AVENUE WEST  
 BRADENTON, FL 34205

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

U00000955444  
 07/17/08-80005-003 538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BARNES, GARRET T
STREET ADDRESS	3119 MANATEE AVENUE WEST
CITY - ST - ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_      **7-15-08**      **411-741-8224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #