


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000015200 1. Entity Name BARD MANAGEMENT, LLC		
Principal Place of Business 8568 SAN JOSE BLVD. JACKSONVILLE, FL 32217-4201	Mailing Address 8568 SAN JOSE BLVD. JACKSONVILLE, FL 32217-4201	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARD, EDWIN J 8568 SAN JOSE BLVD. JACKSONVILLE, FL 32217-4201		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
1100000230525 02/15/05-80046-019 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARD, EDWIN J 8568 SAN JOSE BLVD. JACKSONVILLE, FL 32217	DO NOT WRITE IN THIS SPACE
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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: EDWIN J BARD <i>[Signature]</i> 2-14-05 904-733-6530 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		