

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90225 011 ****50.00

DOCUMENT # L01000004077

1. Entity Name
BAR T RANCH, LLC



Principal Place of Business
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

Mailing Address
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE



02022004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3707827

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOWERS, L. RANDALL
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TOWERS, LAWRENCE R
1914 ART MUSUEM DRIVE
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

LAWRENCE R. TOWERS **2/4/04** **(904) 399-0134**

Date

Daytime Phone #