


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90131 013 ****50.00

DOCUMENT # L01000013610 1. Entity Name BARNES-HARRISON ENTERPRISES, LLC	
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20007988



02132006 Chg-LLC CR2E083 (11/05)

Principal Place of Business 103 SOUTH 9TH STREET FERNANDINA BEACH, FL 32034	Mailing Address 103 SOUTH 9TH STREET FERNANDINA BEACH, FL 32034
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2. Principal Place of Business 843 Ellen St Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1050 Suite, Apt. #, etc.
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City & State FERNANDINA BCH FL	City & State FERNANDINA BCH FL	4. FEI Number 59-3737608	Applied For Not Applicable
Zip 32034	Country USA	Zip 32035	Country USA

6. Name and Address of Current Registered Agent BARNES, NANCY H 103 SOUTH 9TH STREET FERNANDINA BEACH, FL 32034	7. Name and Address of New Registered Agent Name NANCY H BARNES Street Address (P.O. Box Number is Not Acceptable) 843 Ellen St City FERNANDINA BCH. FL Zip Code 32034
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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 _____

**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, NANCY H 103 S 9TH STREET FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1050 FERNANDINA BCH FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARNES, PAUL A 103 S 9TH STREET FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1050 FERNANDINA BCH FL 32035
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
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

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:

Nancy H Barnes

2-13-06

901
509-6060

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

Date

Daytime Phone #