


**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

60014191

<p> <b>1. Name of the institution:</b> _____  <b>2. Address:</b> _____  <b>3. City:</b> _____  <b>4. State:</b> _____  <b>5. Zip:</b> _____  <b>6. Country:</b> _____  <b>7. Telephone:</b> _____  <b>8. Fax:</b> _____  <b>9. E-mail:</b> _____  <b>10. Website:</b> _____  <b>11. Name of the person in charge:</b> _____  <b>12. Position:</b> _____  <b>13. Date:</b> _____  <b>14. Signature:</b> _____  <b>15. Stamp:</b> _____  <b>16. Name of the person in charge:</b> _____  <b>17. Position:</b> _____  <b>18. Date:</b> _____  <b>19. Signature:</b> _____  <b>20. Stamp:</b> _____  <b>21. Name of the person in charge:</b> _____  <b>22. Position:</b> _____  <b>23. Date:</b> _____  <b>24. Signature:</b> _____  <b>25. Stamp:</b> _____  <b>26. Name of the person in charge:</b> _____  <b>27. Position:</b> _____  <b>28. Date:</b> _____  <b>29. Signature:</b> _____  <b>30. Stamp:</b> _____  <b>31. Name of the person in charge:</b> _____  <b>32. Position:</b> _____  <b>33. Date:</b> _____  <b>34. Signature:</b> _____  <b>35. Stamp:</b> _____  <b>36. Name of the person in charge:</b> _____  <b>37. Position:</b> _____  <b>38. Date:</b> _____  <b>39. Signature:</b> _____  <b>40. Stamp:</b> _____  <b>41. Name of the person in charge:</b> _____  <b>42. Position:</b> _____  <b>43. Date:</b> _____  <b>44. Signature:</b> _____  <b>45. Stamp:</b> _____  <b>46. Name of the person in charge:</b> _____  <b>47. Position:</b> _____  <b>48. Date:</b> _____  <b>49. Signature:</b> _____  <b>50. Stamp:</b> _____  <b>51. Name of the person in charge:</b> _____  <b>52. Position:</b> _____  <b>53. Date:</b> _____  <b>54. Signature:</b> _____  <b>55. Stamp:</b> _____  <b>56. Name of the person in charge:</b> _____  <b>57. Position:</b> _____  <b>58. Date:</b> _____  <b>59. Signature:</b> _____  <b>60. Stamp:</b> _____  <b>61. Name of the person in charge:</b> _____  <b>62. Position:</b> _____  <b>63. Date:</b> _____  <b>64. Signature:</b> _____  <b>65. Stamp:</b> _____  <b>66. Name of the person in charge:</b> _____  <b>67. Position:</b> _____  <b>68. Date:</b> _____  <b>69. Signature:</b> _____  <b>70. Stamp:</b> _____  <b>71. Name of the person in charge:</b> _____  <b>72. Position:</b> _____  <b>73. Date:</b> _____  <b>74. Signature:</b> _____  <b>75. Stamp:</b> _____  <b>76. Name of the person in charge:</b> _____  <b>77. Position:</b> _____  <b>78. Date:</b> _____  <b>79. Signature:</b> _____  <b>80. Stamp:</b> _____  <b>81. Name of the person in charge:</b> _____  <b>82. Position:</b> _____  <b>83. Date:</b> _____  <b>84. Signature:</b> _____  <b>85. Stamp:</b> _____  <b>86. Name of the person in charge:</b> _____  <b>87. Position:</b> _____  <b>88. Date:</b> _____  <b>89. Signature:</b> _____  <b>90. Stamp:</b> _____  <b>91. Name of the person in charge:</b> _____  <b>92. Position:</b> _____  <b>93. Date:</b> _____  <b>94. Signature:</b> _____  <b>95. Stamp:</b> _____  <b>96. Name of the person in charge:</b> _____  <b>97. Position:</b> _____  <b>98. Date:</b> _____  <b>99. Signature:</b> _____  <b>100. Stamp:</b> _____  <b>101. Name of the person in charge:</b> _____  <b>102. Position:</b> _____  <b>103. Date:</b> _____  <b>104. Signature:</b> _____  <b>105. Stamp:</b> _____  <b>106. Name of the person in charge:</b> _____  <b>107. Position:</b> _____  <b>108. Date:</b> _____  <b>109. Signature:</b> _____  <b>110. Stamp:</b> _____  <b>111. Name of the person in charge:</b> _____  <b>112. Position:</b> _____  <b>113. Date:</b> _____  <b>114. Signature:</b> _____  <b>115. Stamp:</b> _____  <b>116. Name of the person in charge:</b> _____  <b>117. Position:</b> _____  <b>118. Date:</b> _____  <b>119. Signature:</b> _____  <b>120. Stamp:</b> _____  <b>121. Name of the person in charge:</b> _____  <b>122. Position:</b> _____  <b>123. Date:</b> _____  <b>124. Signature:</b> _____  <b>125. Stamp:</b> _____  <b>126. Name of the person in charge:</b> _____  <b>127. Position:</b> _____  <b>128. Date:</b> _____  <b>129. Signature:</b> _____  <b>130. Stamp:</b> _____  <b>131. Name of the person in charge:</b> _____  <b>132. Position:</b> _____  <b>133. Date:</b> _____  <b>134. Signature:</b> _____  <b>135. Stamp:</b> _____  <b>136. Name of the person in charge:</b> _____  <b>137. Position:</b> _____  <b>138. Date:</b> _____  <b>139. Signature:</b> _____  <b>140. Stamp:</b> _____  <b>141. Name of the person in charge:</b> _____  <b>142. Position:</b> _____  <b>143. Date:</b> _____  <b>144. Signature:</b> _____  <b>145. Stamp:</b> _____  <b>146. Name of the person in charge:</b> _____  <b>147. Position:</b> _____  <b>148. Date:</b> _____  <b>149. Signature:</b> _____  <b>150. Stamp:</b> _____  <b>151. Name of the person in charge:</b> _____  <b>152. Position:</b> _____  <b>153. Date:</b> _____  <b>154. Signature:</b> _____  <b>155. Stamp:</b> _____  <b>156. Name of the person in charge:</b> _____  <b>157. Position:</b> _____  <b>158. Date:</b> _____  <b>159. Signature:</b> _____  <b>160. Stamp:</b> _____  <b>161. Name of the person in charge:</b> _____  <b>162. Position:</b> _____  <b>163. Date:</b> _____  <b>164. Signature:</b> _____  <b>165. Stamp:</b> _____  <b>166. Name of the person in charge:</b> _____  <b>167. Position:</b> _____  <b>168. Date:</b> _____  <b>169. Signature:</b> _____  <b>170. Stamp:</b> _____  <b>171. Name of the person in charge:</b> _____  <b>172. Position:</b> _____  <b>173. Date:</b> _____  <b>174. Signature:</b> _____  <b>175. Stamp:</b> _____  <b>176. Name of the person in charge:</b> _____  <b>177. Position:</b> _____  <b>178. Date:</b> _____  <b>179. Signature:</b> _____  <b>180. Stamp:</b> _____  <b>181. Name of the person in charge:</b> _____  <b>182. Position:</b> _____  <b>183. Date:</b> _____  <b>184. Signature:</b> _____  <b>185. Stamp:</b> _____  <b>186. Name of the person in charge:</b> _____  <b>187. Position:</b> _____  <b>188. Date:</b> _____  <b>189. Signature:</b> _____  <b>190. Stamp:</b> _____  <b>191. Name of the person in charge:</b> _____  <b>192. Position:</b> _____  <b>193. Date:</b> _____  <b>194. Signature:</b> _____  <b>195. Stamp:</b> _____  <b>196. Name of the person in charge:</b> _____  <b>197. Position:</b> _____  <b>198. Date:</b> _____  <b>199. Signature:</b> _____  <b>200. Stamp:</b> _____  <b>201. Name of the person in charge:</b> _____  <b>202. Position:</b> _____  <b>203. Date:</b> _____  <b>204. Signature:</b> _____  <b>205. Stamp:</b> _____  <b>206. Name of the person in charge:</b> _____  <b>207. Position:</b> _____  <b>208. Date:</b> _____  <b>209. Signature:</b> _____  <b>210. Stamp:</b> _____  <b>211. Name of the person in charge:</b> _____  <b>212. Position:</b> _____  <b>213. Date:</b> _____  <b>214. Signature:</b> _____  <b>215. Stamp:</b> _____  <b>216. Name of the person in charge:</b> _____  <b>217. Position:</b> _____  <b>218. Date:</b> _____  <b>219. Signature:</b> _____  <b>220. Stamp:</b> _____  <b>221. Name of the person in charge:</b> _____  <b>222. Position:</b> _____  <b>223. Date:</b> _____  <b>224. Signature:</b> _____  <b>225. Stamp:</b> _____  <b>226. Name of the person in charge:</b> _____  <b>227. Position:</b> _____  <b>228. Date:</b> _____  <b>229. Signature:</b> _____  <b>230. Stamp:</b> _____  <b>231. Name of the person in charge:</b> _____  <b>232. Position:</b> _____  <b>233. Date:</b> _____  <b>234. Signature:</b> _____  <b>235. Stamp:</b> _____  <b>236. Name of the person in charge:</b> _____  <b>237. Position:</b> _____  <b>238. Date:</b> _____  <b>239. Signature:</b> _____  <b>240. Stamp:</b> _____  <b>241. Name of the person in charge:</b> _____  <b>242. Position:</b> _____  <b>243. Date:</b> _____  <b>244. Signature:</b> _____  <b>245. Stamp:</b> _____  <b>246. Name of the person in charge:</b> _____  <b>247. Position:</b> _____  <b>248. Date:</b> _____  <b>249. Signature:</b> _____  <b>250. Stamp:</b> _____  <b>251. Name of the person in charge:</b> _____  <b>252. Position:</b> _____  <b>253. Date:</b> _____  <b>254. Signature:</b> _____  <b>255. Stamp:</b> _____  <b>256. Name of the person in charge:</b> _____  <b>257. Position:</b> _____  <b>258. Date:</b> _____  <b>259. Signature:</b> _____  <b>260. Stamp:</b> _____  <b>261. Name of the person in charge:</b> _____  <b>262. Position:</b> _____  </p>
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<b>DOCUMENT # L02000001855</b>				03-12-2008 90238 010 ***143.75	
<b>1. Entity Name</b> BARRNUNN, L.L.C.					
<b>Principal Place of Business</b> 9105 CORSEA DEL FONTANA WAY NAPLES, FL 34109		<b>Mailing Address</b> 9105 CORSEA DEL FONTANA WAY NAPLES, FL 34109			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 45-0472401	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
RIHS, DOMINIQUE 5131 SUNBURY COURT NAPLES, FL 34104			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARDEBERG, GREGORY A 9105 CORSEA DEL FONTANA WAY NAPLES, FL 34109	<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	MGRM MUELLER, JOHN SCOT 9105 CORSEA DEL FONTANA WAY NAPLES, FL 34109	<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	
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	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			03/05/08 (239) 566-8700 <small>Date Daytime Phone #</small>		

John Scot Mueller, Managing Member