2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# L02000011305

Entity Name: BARNES-HARRISON HOLDING COMPANY, LLC

Current Principal Place of Business:

103 SOUTH 9TH ST.
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

P.O. BOX 1050
FERNANDINA BEACH, FL 32035

Current Mailing Address:

103 SOUTH 9TH ST.
FERNANDINA BEACH, FL 32034

New Mailing Address:

P.O. BOX 1050
FERNANDINA BEACH, FL 32035

FEI Number: 52-2383948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAY, JONATHAN L ESQ.
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BARNES, NANCY H
Address: 103 S 9TH ST
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM ( ) Delete
Name: BARNES, PAUL A
Address: 103 S 9TH ST
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BARNES, NANCY H
Address: P.O. BOX 1050
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: MGRM (X) Change ( ) Addition
Name: BARNES, PAUL A
Address: P.O. BOX 1050
City-St-Zip: FERNANDINA BEACH, FL 32035

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGRM 01/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date