


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (A3)

FILED
Mar 04, 2004 8:00 am
Secretary of State

02-12-2004 90117 046 ****50.00

2/

DOCUMENT # L03000011683 1. Entity Name FRED & BARNEY, LLC																																																																																																					
Principal Place of Business 14143 U.S. HIGHWAY #1 JUNO BEACH FL 33408			Mailing Address 14143 U.S. HIGHWAY #1 JUNO BEACH FL 33408																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																		
City & State			City & State																																																																																																		
Zip		Country		Zip																																																																																																	
Country		Country		4. FEI Number 270054448																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																	
6. Name and Address of Current Registered Agent KUHL, MARK A 14143 U.S. HIGHWAY #1 JUNO BEACH FL 33408				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																	
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.				FL Zip Code																																																																																																	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																					
FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Pres Mark Kuhl</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>5208 Country Play Palm Gardens FL 33418</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Sec. Treas. Robert C. Erneston</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>8475 SE Mangrove St Lake Sound, FL 33455</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	Pres Mark Kuhl		STREET ADDRESS			CITY-ST-ZIP	5208 Country Play Palm Gardens FL 33418		CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	Sec. Treas. Robert C. Erneston		STREET ADDRESS			CITY-ST-ZIP	8475 SE Mangrove St Lake Sound, FL 33455		CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS	Pres Mark Kuhl		STREET ADDRESS																																																																																																		
CITY-ST-ZIP	5208 Country Play Palm Gardens FL 33418		CITY-ST-ZIP																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS	Sec. Treas. Robert C. Erneston		STREET ADDRESS																																																																																																		
CITY-ST-ZIP	8475 SE Mangrove St Lake Sound, FL 33455		CITY-ST-ZIP																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
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: <u>Mark A Kuhl</u> Mark A Kuhl <u>2/1/04</u> <u>561-6275552</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																																					