

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90052 027 \*\*\*\*55.00

<b>DOCUMENT # L03000011869</b> 1. Entity Name <b>JIM BARNA LOG HOMES OF FLORIDA, LLC</b>					
Principal Place of Business <b>1292 MYERS RD</b> <b>BROOKSVILLE, FL 34602 US</b>			Mailing Address <b>1292 MYERS RD</b> <b>BROOKSVILLE, FL 34602 US</b>		
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 <b>55-0826173</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PEARCE, LAURIE A</b> <b>1292 MYERS RD</b> <b>BROOKSVILLE, FL 34602</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u>Laurie A. Pearce mgr.</u> DATE <u>4/22/04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARCE, LAURIE 1292 MYERS RD BROOKSVILLE, FL 34602			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARCE, LAURIE 1292 MYERS RD BROOKSVILLE, FL 34602			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARCE, LAURIE 1292 MYERS RD BROOKSVILLE, FL 34602			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARCE, LAURIE 1292 MYERS RD BROOKSVILLE, FL 34602			<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARCE, LAURIE 1292 MYERS RD BROOKSVILLE, FL 34602			<input type="checkbox"/> Delete	
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>Laurie A. Pearce, Mgr. Laurie A. Pearce, Mgr.</u> DATE <u>4/22/04</u> DAYTIME PHONE # <u>(352) 583-6365</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					