

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 28, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L03000011869**

**1. Entity Name**

**JIM BARNA LOG HOMES OF FLORIDA, LLC**



**Principal Place of Business**

**1292 MYERS RD  
BROOKSVILLE, FL 34602 US**

**Mailing Address**

**1292 MYERS RD  
BROOKSVILLE, FL 34602 US**



**01162006 No Chg-LLC**

**CR2E083 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**55-0826173**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PEARCE, LAURIE A  
1292 MYERS RD  
BROOKSVILLE, FL 34602**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGR  
NAME PEARCE, LAURIE  
STREET ADDRESS 1292 MYERS RD  
CITY-ST-ZIP BROOKSVILLE, FL 34602**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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CITY-ST-ZIP**

**U00000541349  
05/10/06-80055-024 50.00**

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Laurie Pearce* MGR *Laurie Pearce* MGR 4/26/06 352-583-6365

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

Date

Daytime Phone #