2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Apr 13, 2005 08:00 AM DOCUMENT # L03000025406 **Secretary of State** 1. Entity Name BARNSTORM, LLC Principal Place of Business Mailing Address 228 OMAHA STREET LAKE HAMILTON FL 33851 P.O. BOX 561 LAKE HAMILTON FL 33851 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) 1st MOORE City & State 4. FEI Number City & State Applied For 20-0167912 Not Applicable Zip Country Zὶο Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMPSON, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 228 OMAHA STREET LAKE HAMILTON FL 33851 City 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 [NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10, ☐ Addition HTLE MGRM ☐ Dalete ME Change SIMPSON, MICHAEL L NAME U00000303206 04/13/05-80104-007 50.00 STREET ADDRESS STREET ADDRESS 228 OMAHA STREET CHY-SI-78 LAKE HAMILTON FL 33851 C17.4-51-71P TITLE Change ☐ Addition TITLE Delete KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-AE CELY - ST - 76P Addition HILE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-70 City-St-JiP ☐ Change ☐ Addition ☐ Delete 1001 HHE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIF CITY-ST- LIP ☐ Change ☐ Addition Delete TELL 1151 5 NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IF 11. I hereby certify that the information supplied with this filing does not quality 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #