


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90027 013 \*\*\*\*50.00

<b>DOCUMENT # L03000033406</b> 1. Entity Name <b>LESLIE BARNES LLC</b>					
Principal Place of Business <b>500 S FLORIDA AVE 600 LAKELAND, FL 33801 US</b>			Mailing Address <b>7843 NATURE TRAIL LAKELAND, FL 33809 US</b>		
2. Principal Place of Business <b>914 S. Florida Ave</b>		3. Mailing Address <b>7843 Nature Trl</b>			
Suite, Apt. #, etc. <b>209</b>		Suite, Apt. #, etc. 			
City & State <b>Lakeland, FL</b>		City & State <b>Lakeland FL</b>		4. FEI Number <b>75-3128672</b>	
Zip <b>33803</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BARNES, LESLIE A 7843 NATURE TRAIL LAKELAND, FL 33809</b>			7. Name and Address of New Registered Agent Name <b>NA</b> 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><i>Leslie Barnes</i></u> DATE <u>4/6/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 3, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BARNES, LESLIE A 7843 NATURE TRAIL LAKELAND, FL 33809</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u><i>Leslie Barnes</i></u>			Date <u>4/6/04</u> Daytime Phone # <u>863-688-8900</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					