

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000033406

1. Entity Name
LESLIE BARNES LLC



Principal Place of Business
500 S FLORIDA AVE
600
LAKELAND, FL 33801 US

Mailing Address

7843 NATURE TRAIL
LAKELAND, FL 33809 US

2. Principal Place of Business

914 S. Florida Ave

3. Mailing Address

7843 Nature Trail

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33803

Country

USA

Zip

33809

Country

USA

6. Name and Address of Current Registered Agent

BARNES, LESLIE A
7843 NATURE TRAIL
LAKELAND, FL 33809

Name

NA

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Leslie Barnes

4/6/04

Filing Fee is \$50.00
Due by May 3, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGR
NAME BARNES, LESLIE A
STREET ADDRESS 7843 NATURE TRAIL
CITY-ST-ZIP LAKELAND, FL 33809

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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.

SIGNATURE: Leslie Barnes

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

4/6/04 863-688-8900

Date

Daytime Phone #