

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039618

Entity Name: BARBER PROPERTIES, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

433 RIVER ROAD
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

433 RIVER ROAD
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: 20-0390614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, CAROL ELIZABET
433 RIVER ROAD
CARRABELLE, FL 32322 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARBER, GARY W
Address: PO BOX 1335
City-St-Zip: CARRABELLE, FL 32322

Title: MGR () Delete
Name: BARBER, MICHAEL R
Address: 438 RIVER RD
City-St-Zip: CARRABELLE, FL 32322

Title: ST () Delete
Name: BARBER, CAROL E
Address: 433 RIVER RD
City-St-Zip: CARRABELLE, FL 32322

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAROL E. BARBER

ST

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date