


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 20, 2004 8:00 am**  
**Secretary of State**

07-20-2004 90055 025 \*\*\*\*50.00

<b>DOCUMENT # L03000042531</b>	
1. Entity Name <b>RED BARN BAR-B-Q, L.L.C.</b>	

Principal Place of Business <b>16015 PERDIDO KEY DRIVE, UNIT 1B PENSACOLA, FL 32507</b>	Mailing Address <b>16015 PERDIDO KEY DRIVE, UNIT 1B PENSACOLA, FL 32507</b>
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**14026313**



2. Principal Place of Business <b>5887 Hwy. 90</b>	3. Mailing Address <b>5887 Hwy. 90</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03072003 Chg-LLC CR2E083 (10/03)

City & State <b>Milton, FL</b>	City & State <b>Milton, FL</b>
Zip <b>32583</b>	Zip <b>32583</b>
Country <b>Santa Rosa</b>	Country <b>Santa Rosa</b>

4. FEL Number <b>86-1086711</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BOVAY, JOHN C 901 N.W. 57TH STREET GAINESVILLE, FL 32605</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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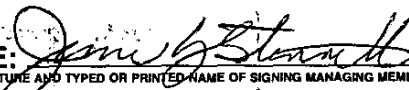
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$50.00 Due by September 8, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STINNETT, JUNE Y 16015 PERDIDO KEY DRIVE, UNIT 1B PENSACOLA, FL 32507 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

SIGNATURE: 	Date <b>July 1, 2004</b>	Daytime Phone # <b>850 9839771</b> <b>850 5162091</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		