


2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90121 035 \*\*\*\*50.00

<b>DOCUMENT # L03000045014</b> 1. Entity Name <b>BAR 3R, LLC</b>																																					
Principal Place of Business <b>2275 CANOE CREEK ROAD ST. CLOUD, FL 34769 US</b>			Mailing Address <b>2275 CANOE CREEK ROAD ST. CLOUD, FL 34769 US</b>																																		
2. Principal Place of Business		3. Mailing Address																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																			
City & State		City & State		4. FEL Number <b>56-2434250</b>																																	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>LEWIS, C. D JR. 1221 TENTH STREET ST. CLOUD, FL 34769</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 _____																																		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to <b>Florida Department of State</b>																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"> <b>Managing Member</b> <input type="checkbox"/> Delete  <b>Gertrude Stevens</b>  <b>2275 Canoe Creek Road</b>  <b>St. Cloud, FL 34769</b> </td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Change</td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	<b>Managing Member</b> <input type="checkbox"/> Delete <b>Gertrude Stevens</b> <b>2275 Canoe Creek Road</b> <b>St. Cloud, FL 34769</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	STREET ADDRESS				CITY-ST-ZIP				10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Change</td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP							
TITLE	<b>Managing Member</b> <input type="checkbox"/> Delete <b>Gertrude Stevens</b> <b>2275 Canoe Creek Road</b> <b>St. Cloud, FL 34769</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition																																		
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Change</td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Change</td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Change</td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Change</td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Change</td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Change</td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
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: Gertrude (Trude) Stevens Managing member 1-20-04 4078922872</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																					