2007 LIMITED LIABILITY COMPANY

SIGNATURE:

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

Apr 16, 2007 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L03000045944 1. Entity Name BARNES ROAD PROPTIES, L.C. Principal Place of Business Mailing Address 1904 SAN MARCO BLVD. 1904 SAN MARCO BLVD. JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 04112007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 42-4606797 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE SLAGLE, SUSAN ESQ. 1201 SAN AMARO ROAD JACKSONVILLE, FL 32207 IN THIS SPACE 6. 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 argnature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 *U00000708324* 04/24/07-80105-021 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM NAME FOSTER, PAULA C STREET ADDRESS 1904 SAN MARCO BL#4 CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CSTY-ST-702 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Plorida 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.

FILED