

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90111 037 \*\*\*\*50.00

<b>DOCUMENT # L04000000849</b>					
<b>1. Entity Name</b> BARNES GROVES I, LLC					
<b>Principal Place of Business</b> 4790 N. OLD DIXIE HIGHWAY VERO BEACH, FL 32967			<b>Mailing Address</b> PO BOX 846 VERO BEACH, FL 32961		
<b>2. Principal Place of Business</b> 865 20th Place Suite, Apt. #, etc. Suite 1		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Vero Beach, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-6183334	
<b>Zip</b> 32960		<b>Country</b> Indian River		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BARNES, THOMAS MARSHAL JR 4790 N. OLD DIXIE HIGHWAY VERO BEACH, FL 32967			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-registering) <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR BARNES, THOMAS MARSHAL JR 4790 N. OLD DIXIE HIGHWAY VERO BEACH, FL 32967 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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>					
Thomas M. Barnes, Jr. <b>SIGNATURE:</b> <i>Thomas M. Barnes Jr.</i> <span style="float: right;">1/31/05 (772) 569-1163</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <span style="float: right;">Date Daytime Phone #</span>					