

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # L04000000852

1. Entity Name
BARNES GROVES II, LLC



Principal Place of Business
**865 20TH PLACE
SUITE 1
VERO BEACH, FL 32960**

Mailing Address
**PO BOX 846
VERO BEACH, FL 32961**



01142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6183334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARNES, THOMAS M JR
865 20TH PLACE
SUITE 1
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000834580
02/28/08-80059-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BARNES, THOMAS M JR
STREET ADDRESS	865 20TH PLACE SUITE 1
CITY-ST-ZIP	VERO BEACH, FL 32960

TITLE	
NAME	
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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Thomas M. Barnes, Jr.*

Thomas M. Barnes, Jr.

(772)569-1163

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

Date

Daytime Phone #