# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L04000000854

BARNES GROVES III, LLC



**FILED** Feb 12, 2007 08:00 AM **Secretary of State** 

Principal Place of Business .

Mailing Address

865 20TH PLACE

PO BOX 846

VERO BEACH, FL 32961

SUITE 1 VERO BEACH, FL 32960



### DO NOT WRITE IN THIS SPACE

01292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-6183334

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

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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.	

SIGNATURÉ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

#### Filling Fee Is \$50.00 Due by May 1, 2007

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

U00000631929 02/21/07-80001-021 50.00

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11. I hereby certify that the information supplied with this filling 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.

Thomas M. Barnes, Jr.

2/9/2007

(772) 569-1163

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

Daytime Phone #