


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90028 002 \*\*\*\*50.00

<b>DOCUMENT # L04000000858</b> 1. Entity Name <b>BARNES GROVES IV, LLC</b>					
Principal Place of Business <b>865 20TH PLACE SUITE 1 VERO BEACH, FL 32960</b>			Mailing Address <b>PO BOX 846 VERO BEACH, FL 32961</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-6183334</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
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 Name <b>Thomas M. Barnes, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>865 20th Place, Suite 1</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32960</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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>BARNES, THOMAS MARSHAL JR 4790 N. OLD DIXIE HIGHWAY VERO BEACH, FL 32967</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Thomas M. Barnes, Jr. 865 20th Place, Suite 1 Vero Beach, FL 32960</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>Thomas M. Barnes, Jr.</b>					
<b>SIGNATURE: <u>Thomas M. Barnes, Jr.</u></b>			<b>3/14/06</b>		<b>772-569-1163</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #