
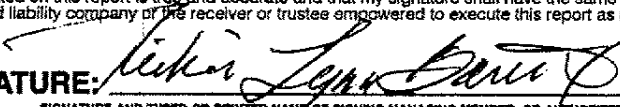


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # L04000001325 1. Entity Name RICKIE LYNN BARRETT, LLC		
Principal Place of Business 1888 LAKESHORE BLVD. JACKSONVILLE, FL 32210	Mailing Address 1888 LAKESHORE BLVD. JACKSONVILLE, FL 32210	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARRETT, RICKIE LYNN 1888 LAKESHORE BLVD. JACKSONVILLE, FL 32210		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRETT, RICKIE LYNN 1890 LAKESHORE BLVD JACKSONVILLE, FL 32210	DO NOT WRITE IN THIS SPACE
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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. SIGNATURE:  02-10-2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>		



01242005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3275916

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

000000247312
03/01/05-80017-007 50.00