

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L04000008221

1. Entity Name

DONNIE G. BARNES, LLC



**FILED
Mar 18, 2005 8:00 am
Secretary of State**

02-04-2005 90101 041 ****50.00

J U U U L U U U



1st MOORE CR2E083 (10/04)

| | | | |
|---|---------|--|---------|
| Principal Place of Business | | Mailing Address | |
| 7388 SHELBY LANE PENSACOLA FL 32526 | | 7388 SHELBY LANE PENSACOLA FL 32526 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| <p>BARNES, DONNIE G 7388 SHELBY LANE PENSACOLA FL 32526</p> | | | |
| 7. Name and Address of New Registered Agent | | | |
| <p>Name _____ Street Address (P.O. Box Number is Not Acceptable) City _____</p> | | | |
| <p>FL Zip Code</p> | | | |

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| | | | | | | | |
|------------------------------|--------------------------|-----------------------|---------------------------------|----------------|--|--|---|
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | | | | | |
| TITLE | Sole Proprietor | | <input type="checkbox"/> Delete | TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Donnie G Barnes | | | NAME | | | |
| STREET ADDRESS | 7388 Shelby Lane | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | Pensacola, Florida 32526 | | | CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete | TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete | TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete | TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete | TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

2-1-05

850-944-2410

Daytime Phone #