

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011910

FILED
Jan 03, 2007
Secretary of State

Entity Name: BARNETT EXECUTIVE HOMES, LLC

Current Principal Place of Business:

1412 KENSINGTON WOODS DR.
LUTZ, FL 33549

New Principal Place of Business:

20010 HARVIE LN
LUTZ, FL 33558

Current Mailing Address:

2407 SOUTH DUNDEE STREET
TAMPA, FL 33629

New Mailing Address:

20010 HARVIE LN
LUTZ, FL 33558

FEI Number: 84-1634461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HLISTER, JEFFREY T MGRM
20010 HARVIE LN
LUTZ, FL 33558 US

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.

SIGNATURE: JEFFREY T HLISTER

01/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM (X) Delete
Name: BARNETT, CLINTON J III
Address: 1412 KENSINGTON WOODS DR.
City-St-Zip: LUTZ, FL 33549

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: HAFER, ANDREW J
Address: 2407 SOUTH DUNDEE STREET
City-St-Zip: TAMPA, FL 33629

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: HLISTER, JEFF
Address: 20010 HARVIE LN
City-St-Zip: LUTZ, FL 33558

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY T HLISTER

MGRM

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date