


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT # L04000028200</b>					
1. Entity Name <b>JAMES BARBER, LLC</b> <b>JAMES D. BARBER, LLC</b>					
Principal Place of Business <b>3910 21ST N 2556 JENNIFER TER ST. PETERSBURG FL 33714 PALM HARBOR, FL 34685</b>			Mailing Address <b>3910 21ST N 2556 JENNIFER TERRACE ST. PETERSBURG FL 33714 PALM HARBOR, FL 34685-2201</b>		
2. Principal Place of Business <b>2556 JENNIFER TERRACE</b>		3. Mailing Address <b>2556 JENNIFER TERRACE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>PALM HARBOR FL</b>		City & State <b>PALM HARBOR FL</b>		4. FEI Number <b>20-1127919</b>	
Zip <b>34685-2201</b>		Country <b>PINELLAS</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34685-2201</b>		Country <b>PINELLAS</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BARBER, JAMES D. (moved to) → 3910 21ST ST. N. ST. PETERSBURG FL 33714</b>			7. Name and Address of New Registered Agent Name <b>JAMES D. BARBER - LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>2556 JENNIFER TERRACE</b> City <b>PALM HARBOR</b> FL Zip Code <b>34685-2201</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 <b>JAMES D. BARBER (OWNER)</b>		Signature, typed or printed name of registered agent and title if applicable		DATE <b>2/16/05</b>	
		<b>FILE NOW!!! FEE IS \$50.00</b>			
		<b>Make Check Payable to Florida Department of State</b>			
		<b>Due By May 1, 2005</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MANAGER</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME <b>JAMES D. BARBER</b>		NAME			
STREET ADDRESS <b>2556 JENNIFER TERRACE</b>		STREET ADDRESS			
CITY-ST-ZIP <b>PALM HARBOR, FL 34685-2201</b>		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: <b>James D. Barber</b>			Date <b>2/16/05</b> (727-785-9244)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		