


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED L04000028200

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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