## ANNUAL REPORT (AR)

## ลีเป็MENT # L04000028200

1. Entity Name

## JAMES BARBER, LLC



**FILED** May 05, 2006 08:00 AM
- Secretary of State



		•		CONT. TO	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	J 0- ~	, , , , ,
Principal Plac	e of Business	Mailing Address			_		
2556 JENNIFER TERRACE		2556 JENNIFER TERR	RACE				
PALM HARBOR FL 34685		PALM HARBOR FL 34685			1 10011011 011 00111 00111 00111 00111 00111 00111 00111 00111		
2. Principal F	Place of Business	3. Mailing Address			_; 1:èniiaii aii anii; a;aii anii; ahiii anii; ahiii anii; ahiii anii;	'I EMITE IEMII MAIIL MA	IIMM FRA TAMAT
Suite, Apt.	#, etc.	Súite, Apt. #, etc.			1st MOORE CR2E083	3 (10/05)	
City & State		City & State		4. FEI Number Applied For			
		3.19 4 512.15			20-1127919 Not Applicable		
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired	\$5.00 Add	ditional
					Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
JAMES D BARBER LLC							
255	6 JENNIFER TERRACE		Street Address		(P.O. Box Number is Not Acceptable)		
PAL	M HARBOR FL 34685-220	01		<del></del>			
				•••		7.0.4	
			Ci	ty	FL	Zip Code	e
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. Lam familiar with, and accept the obligations of registered agent.							
ille obligat	ions of registered agent.						ļ
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title it applicable. (NOT	TE Registered Age	il signalure (égulté)	d when reinstating) DATE		
WE WELL WITH A LOSS OF THE WAR TO A STORY OF							
Make Check Payable to Florida Department of State 05/19/06-80066-012 50.00							
9. MANAGING MEMBERS/MANAGERS 10.				A PROPERTY OF THE PARTY OF	ADDITIONS/CHANGES		
TITLE	MGR	Delete	TITLE		ADDITIONS/CHANGE	☐ Change	Addition
NAME	BARBER, JAMES D	□ Dicte	NAME			change	
STREET ADDRESS	2556 JENNIFER TERRACE		STREET ADD	DRESS			
CITY-ST-ZIP	PALM HARBOR FL 34685-2201		CITY-ST-ZI	P			
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADD				
TITLE	,			<u> </u>			
NAME	,	☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS			STREET ADD	DRESS	<del></del>		ļ
CITY - ST-ZIP			CITY-ST-ZI	P			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADD	1			
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NAME STREET ADDRESS			NAME STREET ADD	vocce			
CITY-ST-ZIP			CITY-ST-ZI	1			
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME		□ D¢i¢t¢	NAME			— ondrige	
STREET ADDRESS			STREET ADD	ORESS			
CITY-ST-ZIP			CITY - ST - ZI	Р			
11. I hereby	certify that the information supplied	with this filing does not qualify	for the exemp	tions containe	ed in Section 119, Florida Statutes I further ce	rtify that the in	nformation

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:

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #