

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 07, 2006 8:00 am**  
**Secretary of State**

06-07-2006 90069 002 \*\*\*\*55.00

**DOCUMENT # L04000039078**

1. Entity Name  
**BARBER CUSTOM HOMES, L.L.C.**



Principal Place of Business

**307 MILL BRANCH ROAD  
TALLAHASSEE, FL 32312**  
*5165 NW Torrey Rd  
Bristol, FLA 32321*

Mailing Address

**307 MILL BRANCH ROAD  
TALLAHASSEE, FL 32312**  
*SAME*

**20047124**



06012006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**27-0098339**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BARBER, ROBERT T JR.  
307 MILL BRANCH ROAD  
TALLAHASSEE, FL 32312**  
*5165 NW Torrey Rd  
Bristol, FLA 32321*

**DO NOT WRITE  
IN THIS SPACE**

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: *Robert T Barber Jr.*

Signature, typed or printed name of registered agent and LLC's applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARBER, ROBERT T JR
STREET ADDRESS	307 MILL BRANCH ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	MGRM
NAME	BARBER, ROBERT T
STREET ADDRESS	5165 N.W. TORREYA ROAD
CITY-ST-ZIP	BRISTOL, FL 32321

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Robert T Barber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #