

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039769

FILED  
Jul 29, 2005  
Secretary of State

Entity Name: JAMES A. BARNES PROPERTIES, LLC

## Current Principal Place of Business:

2007 E. GADSDEN STREET  
#205  
PENSACOLA, FL 32501

## New Principal Place of Business:

5924 MANDIE LANE  
MILTON, FL 32570

## Current Mailing Address:

2007 E. GADSDEN STREET  
#205  
PENSACOLA, FL 32501

## New Mailing Address:

5924 MANDIE LANE  
MILTON, FL 32570

FEI Number: 20-3159434      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BARNES, JAMES A  
2007 E. GADSDEN STREET  
#205  
PENSACOLA, FL 32501 US

## Name and Address of New Registered Agent:

BARNES, JAMES A  
5924 MANDIE LANE  
MILTON, FL 32570 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: JAMES A BARNES

07/29/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BARNES, JAMES A  
Address: 2007 E. GADSDEN STREET, #205  
City-St-Zip: PENSACOLA, FL 32501

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BARNES, JAMES A  
Address: 5924 MANDIE LANE  
City-St-Zip: MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES A BARNES

PRES

07/29/2005

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