

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90025 038 ****50.00

DOCUMENT # L04000091055			
1. Entity Name BARNES PAINTING LLC			
Principal Place of Business 1725 CURRYVILLE ROAD CHULUOTA, FL 32766		Mailing Address 1725 CURRYVILLE ROAD CHULUOTA, FL 32766	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		890 Brumley Road	
City & State		City & State Chuluota, Fl	
Zip	Country	Zip 32766	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARNES, CHRIS S SR 1725 CURRYVILLE ROAD CHULUOTA, FL 32766		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL	Zip Code
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 <u>Chris S Barnes</u>		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARNES, CHRIS S SR 1725 CURRYVILLE ROAD CHULUOTA, FL 32766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARNES, TOMMY 890 BRUMLEY ROAD CHULUOTA, FL 32766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Tommy L Barnes</u>		Date: <u>4/14/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <u>407-448-6909</u>	

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04042005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-2019374** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required