

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094377

FILED  
May 20, 2006  
Secretary of State

Entity Name: BARBER CONSULTING, L.L.C.

## Current Principal Place of Business:

1954 ARVIS CIRCLE WEST  
CLEARWATER, FL 33764

## New Principal Place of Business:

3310 STAGECOACH TRAIL  
WIMAUMA, FL 33598

## Current Mailing Address:

1954 ARVIS CIRCLE WEST  
CLEARWATER, FL 33764

## New Mailing Address:

3310 STAGECOACH TRAIL  
WIMAUMA, FL 33598

FEI Number: 57-1216527      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

BARBER, SANFORD H  
1954 ARVIS CIRCLE WEST  
CLEARWATER, FL 33764      US

## Name and Address of New Registered Agent:

BARBER, SANFORD H  
3310 STAGECOACH TRAIL  
WIMAUMA, FL 33598      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: \_\_\_\_\_

05/20/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: BARBER, SANFORD H  
Address: 1954 ARVIS CIRCLE W  
City-St-Zip: CLEARWATER, FL 33764

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: BARBER, SANFORD H  
Address: 3310 STAGECOACH TRAIL  
City-St-Zip: WIMAUMA, FL 33598

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SANFORD H. BARBER

MGRM

05/20/2006

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