2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# L05000030602

Entity Name: BAR NONE ENTERPRISES, LLC

Current Principal Place of Business:

9 EMARITA WAY
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

9 EMARITA WAY
STUART, FL 34996

New Mailing Address:

FEI Number: 20-2764487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOADE, ANN M
9 EMARITA WAY
STUART, FL 34996 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GOADE, ANN
Address: 9 EMARITA WAY
City-St-Zip: STUART, FL 34996

Title: MGRM ( ) Delete
Name: HICKS, ROBYN
Address: 7 EMARITA WAY
City-St-Zip: STUART, FL 34996

Title: MGRM ( ) Delete
Name: WEST, REBECCA
Address: 5 MIDDLE ROAD
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: WEST, REBECCA
Address: 5 MIDDLE ROAD
City-St-Zip: STUART, FL 34996

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: ANN M. GOADE MGRM 01/11/2006

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