

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045404

FILED  
Feb 06, 2007  
Secretary of State

Entity Name: G. BARNETT & ASSOCIATES, LLC

## Current Principal Place of Business:

1851 NW 125TH AVENUE  
SUITE 316  
PEMBROKE PINES, FL 33028 US

## Current Mailing Address:

1851 NW 125TH AVENUE  
SUITE 316  
PEMBROKE PINES, FL 33028 US

## New Principal Place of Business:

1851 NW 125TH AVENUE  
SUITE 440  
PEMBROKE PINES, FL 33028 US

## New Mailing Address:

1851 NW 125TH AVENUE  
SUITE 440  
PEMBROKE PINES, FL 33028 US

FEI Number: 20-2800654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARNETT, GENTLE L III  
1851 NW 125TH AVENUE  
SUITE 316  
PEMBROKE PINES, FL 33028 US

## Name and Address of New Registered Agent:

BARNETT, GENTLE L III  
1851 NW 125TH AVENUE  
SUITE 440  
PEMBROKE PINES, FL 33028 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: GENTLE BARNETT

02/06/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BARNETT, GENTLE L III  
Address: 1851 NW  
City-St-Zip: PEMBROKE PINES, FL 33028 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BARNETT, GENTLE L III  
Address: 1851 NW 125TH AVENUE, SUITE 440  
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: GENTLE BARNETT

MGRM

02/06/2007

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