

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045404

FILED
Apr 23, 2008
Secretary of State

Entity Name: G. BARNETT & ASSOCIATES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

1806 N. FLAMINGO ROAD
SUITE 440
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

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

New Mailing Address:

1806 N. FLAMINGO ROAD
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 440
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

BARNETT, GENTLE L III
1806 N. FLAMINGO ROAD
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

04/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARNETT, GENTLE L III
Address: 1806 N. FLAMINGO ROAD, 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 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

04/23/2008

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