

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90050 008 \*\*\*\*55.00

<b>DOCUMENT # L05000057761</b>					
<b>1. Entity Name</b> <b>BARBER'S HOME SERVICES LLC</b>					
<b>Principal Place of Business</b> <b>9416 OCTAVIA LANE</b> <b>NAVARRE, FL 32566 US</b>			<b>Mailing Address</b> <b>9416 OCTAVIA LANE</b> <b>NAVARRE, FL 32566 US</b>		
<b>2. Principal Place of Business</b> <i>1899 Reserve Blvd.</i>		<b>3. Mailing Address</b> <i>1899 Reserve Blvd.</i>			
Suite, Apt. #, etc. <i>#59</i>		Suite, Apt. #, etc. <i>#59</i>		08282006    Chg-LLC    CR2E083 (11/05)	
City & State <i>Gulf Breeze, FL</i>		City & State <i>Gulf Breeze, FL</i>		<b>4. FEI Number</b> <i>20-2981624</i>	
Zip <i>32563</i>		Country <i>Santa Rosa</i>		Applied For Not Applicable	
Zip <i>32563</i>		Country <i>Santa Rosa</i>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BARBER, DENNIS W</b> <b>9416 OCTAVIA LANE</b> <b>NAVARRE, FL 32566</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE: <i>Dennis W. Barber</i>				DATE: <i>8/30/06</i>	
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBER, DENNIS W 9416 OCTAVIA LANE NAVARRE, FL 32566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1899 Reserve Blvd. #59</i> <i>Gulf Breeze, FL. 32563</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBER, ALICE K 9416 OCTAVIA LANE NAVARRE, FL 32566	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
SIGNATURE: <i>Dennis W. Barber</i> Date: <i>8/30/06</i> Daytime Phone #: <i>850-330-8739</i>					