

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000092601



1. Entity Name
BARBARA W. NELSON, LLC

Principal Place of Business
**5395 CHURCH ROAD
LOT C
ST. AUGUSTINE, FL 32092**

Mailing Address
**5395 CHURCH ROAD
LOT C
ST. AUGUSTINE, FL 32092**



01192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, SONNY
4887 BELFORT ROAD
201
JACKSONVILLE, FL 32256**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NELSON, BARBARA W MGR 5395 CHURCH ROAD LOT C ST. AUGUSTINE, FL 32092
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01/25/07-80031-017 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Barbara W. Nelson

1-19-07