



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90082 001 ***277.50

DOCUMENT # L06000012083 1. Entity Name BARRANCAS CENTER, L.L.C.					
Principal Place of Business 3620 BARRANCAS AVENUE PENSACOLA FL 32507				Mailing Address 3620 BARRANCAS AVENUE 12960 Seratine Dr. PENSACOLA FL 32507 Pensacola, FL 32506	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 12960 Seratine Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Pensacola, FL			
City & State		City & State 32506			
Zip		Zip			
Country USA		4. FEI Number 20-4248843		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/07)	
6. Name and Address of Current Registered Agent BAKER, MARSHA A 3620 BARRANCAS AVENUE 12960 Seratine Dr. PENSACOLA FL 32507 Pensacola, FL 32506				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to: Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAKER, MARSHA A 3620 BARRANCAS AVENUE 12960 Seratine Dr. PENSACOLA FL 32507 Pensacola, FL 32506	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Baker, Marsha A 12960 Seratine Dr. Pensacola, FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Marsha A. Baker</u> 4/10/08 850-418-2448					