


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90116 013 ****50.00

DOCUMENT # L06000040459 1. Entity Name BARANEST DEVELOPERS, LLC					
Principal Place of Business 140 S. ATLANTIC AVE., SUITE 203 ORMOND BEACH, FL 32176			Mailing Address 140 S. ATLANTIC AVE., SUITE 203 ORMOND BEACH, FL 32176		
2. Principal Place of Business - No P.O. Box # 570 Memorial Circle		3. Mailing Address 570 Memorial Circle			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300			
City & State Ormond Beach, FL		City & State Ormond Beach, FL		4. FEI Number 20-4743865	
Zip 32174		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AKERS, WILLIAM IV 140 S. ATLANTIC AVE., SUITE 203 ORMOND BEACH, FL 32176				7. Name and Address of New Registered Agent Name Akers, William IV Street Address (P.O. Box Number is Not Acceptable) 570 Memorial Circle, Suite 300 City Ormond Beach FL Zip Code 32174	
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 <u><i>William Akers IV</i></u> - William Akers IV, Manager 4-12-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AKERS, WILLIAM III 504 HILLSIDE AVE. DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Akers, William IV 2085 S. Halifax Drive Daytona Beach, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR GALLOWAY, G.G. 1305 OAK FOREST DRIVE ORMOND BEACH, FL 32174		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR SCHWARZ, EDWARD L 1001 SHOCKNEY DRIVE ORMOND BEACH, FL 32174		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>William Akers IV</i></u> William Akers IV, Manager 04/12/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	