



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000040459</b> 1. Entity Name <b>BARANEST DEVELOPERS, LLC</b>	
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Principal Place of Business <b>570 MEMORIAL CIR STE 300 ORMOND BEACH, FL 32174</b>	Mailing Address <b>570 MEMORIAL CIR STE 300 ORMOND BEACH, FL 32174</b>
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**DO NOT WRITE IN THIS SPACE**



01162008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-4743865</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**AKERS, WILLIAM IV  
570 MEMORIAL CIR STE 300  
ORMOND BEACH, FL 32174**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

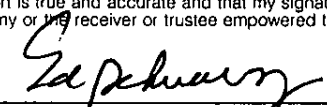
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR AKERS, WILLIAM III 2085 S HALIFAX DR DAYTONA BEACH, FL 32118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GALLOWAY, G.G. 1305 OAK FOREST DRIVE ORMOND BEACH, FL 32174</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SCHWARZ, EDWARD L 1001 SHOCKNEY DRIVE ORMOND BEACH, FL 32174</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000895148  
04/24/08-80057-016 138.75

**DO NOT WRITE  
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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:**  **Edward Schwarz** **(386) 672-8530** **4/8/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #