

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040459

FILED
Apr 27, 2009
Secretary of State

Entity Name: BARANEST DEVELOPERS, LLC

Current Principal Place of Business:

570 MEMORIAL CIR STE 300
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

570 MEMORIAL CIR STE 300
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-4743865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHWARZ, EDWARD
570 MEMORIAL CIR STE 300
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: EDWARD SCHWARZ

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AKERS, WILLIAM III
Address: 2085 S HALIFAX DR
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGR () Delete
Name: GALLOWAY, G.G.
Address: 1305 OAK FOREST DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: SCHWARZ, EDWARD L
Address: 1001 SHOCKNEY DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date