


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2008 OCT 21 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000074841			
1. Entity Name BARNIE'S DISTRIBUTION AND LOGISTICS, LLC		Principal Place of Business 2126 W. LANDSTREET RD. ORLANDO, FL 32809	
Mailing Address 2126 W. LANDSTREET RD. ORLANDO, FL 32809		2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 20-5314215 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent DULIN, RAMSEY W 201 EAST PINE STREET 425 CAPITAL PLAZA ORLANDO, FL 32801	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARNIE'S II, INC 2126 W. LANDSTREET RD. ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR B. Philip Jones, Jr. 2126 W. Landstreet Road Orlando, FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR James H. Pugh, Jr. 2126 W. Landstreet Road Orlando, FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400137132644 10/21/08--01026--008 **400.00 <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 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:  B. Philip Jones, Jr.-MGR 407/854-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #