

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2008 OCT 21 PM 12: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09272008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000074867</b> 1. Entity Name <b>BARNIE'S E-COMMERCE, LLC</b>					
Principal Place of Business <b>2126 W. LANDSTREET ROAD ORLANDO, FL 32809</b>			Mailing Address <b>2126 W. LANDSTREET ROAD ORLANDO, FL 32809</b>		
2. Principal Place of Business - No P.O. Box #  		3. Mailing Address  			
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  			
City & State  		City & State  		4. FEI Number <b>20-5314160</b>	
Zip  		Country  		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DULIN, RAMSEY W 201 EAST PINE STREET 425 CAPITAL PLAZA ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Delete <b>BARNIE'S II, INC 2126 W. LANDSTREET ROAD ORLANDO, FL 32809</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>B. Philip Jones, Jr. 2126 W. Landstreet Road Orlando, FL 32809</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James H. Pugh, Jr. 2126 W. Landstreet Road Orlando, FL 32809</b>
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  <b>500137132715 10/21/08--01026--008 **400.00</b>
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
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
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
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.					
<b>SIGNATURE:</b> <i>B. Philip Jones Jr</i>				<b>B. Philip Jones, Jr.-MGR</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	Daytime Phone #
				<b>407/854-6600</b>	