

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000090726 1. Entity Name BARNES EDWARDS HAY, LLC	
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Principal Place of Business 320 S. SHELFER STREET QUINCY, FL 32351	Mailing Address 320 S. SHELFER STREET QUINCY, FL 32351
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-5584741	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

BARNES, JAMES MALONE
 1584 SOLOMON DAIRY ROAD
 QUINCY, FL 32351

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

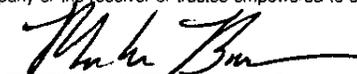
U00000777964
 01/10/08-80030-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARNES, JAMES MALONE 1584 SOLOMON DAIRY ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, O.W. III PO BOX 1587 QUINCY, FL 32353
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  MALONE BARNES 1/8/08 850-627-7216

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