

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000135815

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** BARBARA R LONSBERRY ASSOCIATES, LLC

**Current Principal Place of Business:**

240 BROOKS STREET, UNIT A401  
FT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

240 BROOKS STREET, UNIT A401  
FT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 80-0176839      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LONSBERRY, BARBARA R  
240 BROOKS STREET, UNIT A401  
FT WALTON BEACH, FL 32548      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LONSBERRY, BARBARA  
Address: 240 BROOKS STREET, UNIT A401  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: MGRM  
Name: LONSBERRY, DEWEY  
Address: 240 BROOKS STREET, UNIT A401  
City-St-Zip: FT WALTON BEACH, FL 32548

I hereby 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: DEWEY LONSBERRY      MGRM      04/04/2012

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