2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L98000002407

Entity Name: BARNETT FINANCIAL GROUP, L.L.C.

Current Principal Place of Business:

1500 UNIVERSITY DRIVE, SUITE #253
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1500 UNIVERSITY DRIVE, SUITE #253
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0872765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNETT, WILLIE
1500 UNIVERSITY DRIVE, SUITE #253
CORAL SPRINGS, FL 33071 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/MEMBERS:

Title: MGRM ( ) Delete
Name: BARNETT, WILLIE
Address: 1500 UNIVERSITY DRIVE, #253
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM ( ) Delete
Name: RODGERS, MARIE
Address: 1500 UNIVERSITY DRIVE, #253
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM ( ) Delete
Name: BLACK, SYNARA
Address: 1500 UNIVERSITY DRIVE, #253
City-St-Zip: CORAL SPRINGS, FL 33071

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 for the exemption stated in Section 119.07(3)(i), 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: WILLIE BARNETT MGRN 04/29/2004

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