



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90133 019 ****55.00

DOCUMENT # L99000002491					
1. Entity Name BARTON-HUDSON, LLC					
Principal Place of Business 6300 DORA DRIVE MT. DORA, FL 32757			Mailing Address C/O DAVID KYNER P.O. BOX 36 MOUNT DORA, FL 32756		
2. Principal Place of Business P.O. Box 14814 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 14814 Suite, Apt. #, etc.			
City & State Fort Lauderdale FL		City & State Fort Lauderdale, FL		4. FEI Number 59-3574353	
Zip 33302		Country Broward		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KYNER, DAVID B 6300 DORA DRIVE MOUNT DORA, FL 32756			7. Name and Address of New Registered Agent Name: <u>Ken Dawson</u> Street Address (P.O. Box Number is Not Acceptable): <u>888 South Andrews</u> Suite <u>204</u> City: <u>Fort Lauderdale, FL</u> FL <u>33316</u>		
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: <u>[Signature]</u> <u>KEN DAWSON</u> <u>1-20-06</u> <small>Signature, by or for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE PT NAME KYNER, DAVID B STREET ADDRESS 6300 DORA DRIVE CITY-ST-ZIP MOUNT DORA, FL 32757	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 416 Palm Ave CITY-ST-ZIP Fort Lauderdale, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PT NAME LOWENSTEN, STEVE STREET ADDRESS 6300 DORA DRIVE CITY-ST-ZIP MOUNT DORA, FL 32757	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 416 Palm Ave CITY-ST-ZIP Fort Lauderdale, FL 33312	<input checked="" 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	
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.					
SIGNATURE: <u>[Signature]</u> <u>Myr</u>			<u>1-20-06</u> <u>954-552-9495</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		