

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90301 037 ****50.00

DOCUMENT # M05000000390

1. Entity Name

GENERAL ACQUISITIONS, LLC



Principal Place of Business

9 DAMON MILL SQUARE
CONCORD MA 01742

Mailing Address

9 DAMON MILL SQUARE
CONCORD MA 01742

2. Principal Place of Business

7891 ESTATES DRIVE

Suite, Apt. #, etc.

3. Mailing Address

7891 ESTATES DRIVE

Suite, Apt. #, etc.

City & State

NORTH PORT FLA

Zip

34286

Country

USA

City & State

NORTH PORT FL

Zip

34286

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

REGISTERED AGENTS LEGAL SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

STEVE BARNHARDT

Street Address (P.O. Box Number is Not Acceptable)

7891 ESTATES DRIVE

City

NORTH PORT, FL

FL

Zip Code

34286

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

Steven F. Barnhardt

STEVEN F. BARNHARDT

3/23/6

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☒ Delete
NAME: TOWERS, JEFFREY
STREET ADDRESS: 9 DAMON MILL SQUARE
CITY-ST-ZIP: CONCORD MA 01742

TITLE: ☐ Delete
NAME: STEVE BARNHARDT
STREET ADDRESS: 7891 ESTATES DRIVE
CITY-ST-ZIP: NORTH PORT, FL 34286

TITLE: ☐ Delete
NAME: BENEFICIARY
STREET ADDRESS: NORTH PORT DEVELOPMENT TRUST
CITY-ST-ZIP: 7891 ESTATES DRIVE
NORTH PORT, FL 34286

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Steven F. Barnhardt
STEVEN F. BARNHARDT 3/23/6

DATE

941-270-0326

Daytime Phone #