


2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L07000031369 1. Entity Name BARRIEFIELD LLC |  |
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FILED
 09 MAY 11 AM 8:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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|---|---|
| Principal Place of Business 600 BILTMORE WAY, #1205 CORAL GABLES, FL 33134 | Mailing Address 600 BILTMORE WAY, #1205 CORAL GABLES, FL 33134 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|-----------------------------|-----------------------------|
| City & State Zip Country | City & State Zip Country |
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| 03122009 | Chg-LLC | CR2E083 (11/08) |
| 4. FEI Number 20-1203235 | | Applied For Not Applicable |

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| 6. Name and Address of Current Registered Agent DE GOYTISOLO, AGUSTIN ESQ. 600 BILTMORE WAY, #1205 CORAL GABLES, FL 33134 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 reappointing)

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| 2. FILE NOW!!! FEE IS \$138.75 After May 1, 2009 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|-------------------------------------|--|-----------------------|--|---|
| TITLE | MGR <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NANNETTI, ANDRES | | NAME | | |
| STREET ADDRESS | 305 LEXINGTON AVENUE, #7-C | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK, NY 10016 | | CITY-ST-ZIP | | |
| TITLE | MGR <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NANNETTI, NICOLAS F | | NAME | | |
| STREET ADDRESS | APARTADO POSTAL 100692 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOGOTA, COLOMBIA, | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: *[Signature]* 04/30/09 205 443-0132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #