2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000050271

Entity Name: BARRON'S HOUSE OF TREASURES, LLC.

Current Principal Place of Business:

THE FESTIVAL FLEA MARKET 2900 WEST SAMPLE
ROAD #2417/2425
POMPANO BEACH, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

THE FESTIVAL FLEA MARKET 2900 WEST SAMPLE
ROAD #2417/2425
POMPANO BEACH, FL 33073 US

New Mailing Address:

FEI Number: 77-0691110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REYNOLDS, CHARLES
THE FESTIVAL FLEA MARKET 2900 WEST SAMPLE
ROAD #2417/2425
POMPANO BEACH, FL 33073 US

Name and Address of New Registered Agent:

REYNOLDS, CHARLES P
THE FESTIVAL FLEA MARKET 2900 WEST SAMPLE
ROAD #2417/2425
POMPANO BEACH, FL 33073 US

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: CHARLES P REYNOLDS 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: REYNOLDS, CHARLES
Address: 2900 WEST SAMPLE ROAD #2417/2425
City-St-Zip: POMPANO BEACH, FL 33073 US

Title: MGRM ( ) Delete
Name: WILSON, JEFFREY
Address: P.O. BOX 14073
City-St-Zip: PALM DESERT, CA 92255 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: REYNOLDS, CHARLES P
Address: 2900 WEST SAMPLE ROAD #2417/2425
City-St-Zip: POMPANO BEACH, FL 33073 US

Title: MGRM (X) Change ( ) Addition
Name: WILSON, JEFFREY A
Address: 2900 WEST SAMPLE ROAD #2417/2425
City-St-Zip: POMPANO BEACH, FL 33073 US

Title: MGRM ( ) Change (X) Addition
Name: WILSON, CHARLES W
Address: 2900 WEST SAMPLE ROAD #2417/2425
City-St-Zip: POMPANO BEACH, FL 33073 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES P REYNOLDS MR 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date