**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 08, 2014**
**Secretary of State**
**CC1337062163**

DOCUMENT# L06000031292

**Entity Name:** BARRIER ISLAND ASSOCIATES, LLC

**Current Principal Place of Business:**

17171 CAPTIVA DR
CAPTIVA, FL 33924

**Current Mailing Address:**

P.O. BOX 880
CAPTIVA, FL 33924 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGR | Title | MGRM |
| Name | MULLINS, MICHAEL | Name | MULLINS, CANNELLA |
| Address | 17171 CAPTIVA DR PO BOX 880 | Address | 17171 CAPTIVA DR PO BOX 880 |
| City-State-Zip: | CAPTIVA FL 33924 | City-State-Zip: | CAPTIVA FL 33924 |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: CANNELLA MULLINS MGRM 01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date