that my name appears above, or on an attachment with all other like empowered. 02/13/2015

SIGNATURE: CARL BROWNLEE

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000116005

Entity Name: THE BARNYARD AT BERRY PATCH, LLC

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

414 N. ALEXANDER STREET PLANT CITY, FL 33564

Current Mailing Address:

414 N. ALEXANDER STREET PLANT CITY, FL 33564

Authorized Person(s) Detail :

MGR

FEI Number: 46-1105176

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SMITH, KEITH CESQ. 121 N. COLLINS STREET PLANT CITY, FL 33563 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:

Title

Name	BROWNLEE, CARL	Name	AZOON, NORMAN
Address	414 N. ALEXANDER STREET	Address	414 N. ALEXANDER STREET
City-State-Zip:	PLANT CITY FL 33564	City-State-Zip:	PLANT CITY FL 33564

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

MANAGER

Date

FILED Feb 13, 2015 Secretary of State CC1751828203

Date

Certificate of Status Desired: Yes

Title AUTHORIZED REPRESENTATIVE