2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007.

CHECK HERE

SIGNATURE: \(\square\)

FILED DOCUMENT # A01000001178 Feb 19, 2007 08:00 AM Secretary of State 1. Entity Namo BAR D PROPERTIES, LTD. Principal Place of Business Mailing Address 7710 COUNTY ROAD 305 BUNNELL FL 32110 7710 COUNTY ROAD 305 BUNNELL FL 32110 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. 1st MOORE CR2E003 (10/06) City & State City & State 4. FEI Number Applied For 37-1457823 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, RONALD E 501 ST JOHNS AVE Streot Address (P.O. Box Number is Not Acceptable) PALATKA FL 32177 Zip Codo 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 agont. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. CATE FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT# STREET ADDRESS NAME COWART, PATRICIA D STREET ADDRESS 7710 COUNTY ROAD 305 CHY-S1-ZIP CITY-SI-ZIP **BUNNELL FL 32110** DOCUMENT # STREET ADDRESS 02/28/07-80108-021 500.00 NAME STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes