

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010399

Entity Name: WG BARFIELD CRESCENT, LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

2430 NE 202ND ST.
MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

2430 NE 202ND ST.
MIAMI, FL 33180

New Mailing Address:

FEI Number: 01-0684646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SONN, JEFFREY R
SONN & EREZ, PLC
100 SE THIRD AVE., STE. 1500
FT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

SONN, JEFFREY R
SONN & EREZ, PLC
500 EAST BROWARD BLVD., SUITE 1600
FT LAUDERDALE, FL 33394 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:

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SONN, JEFFREY R
Address: 100 SE THIRD AVE., STE. 1500
City-St-Zip: FT LAUDERDALE, FL 33394

Title: MGR () Delete
Name: SONN, TERRI GRUMER
Address: 2430 NE 202ND ST.
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SONN, JEFFREY R
Address: 500 EAST BROWARD BLVD., SUITE 1600
City-St-Zip: FT LAUDERDALE, FL 33394

Title: MGR (X) Change () Addition
Name: SONN, TERRI GRUMER
Address: 2999 NE 191ST STREET, SUITE 409
City-St-Zip: AVENTURA, FL 33180

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: TERRI GRUMER SONN

MM

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date