


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 14, 2006 08:00 AM**  
**Secretary of State**


DOCUMENT # L02000031238

1. Entity Name  
 BARRON, LLC



|  |  |
|--|--|
| Principal Place of Business<br>630 GRAND BOULEVARD<br>DESTIN, FL 32550 | Mailing Address<br>P.O. BOX 6700<br>DESTIN, FL 32550 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



06092006 No Chg-LLC      CR2E083 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-3763891                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

PEARCE, R P JR.  
 630 GRAND BOULEVARD  
 DESTIN, FL 32550

**DO NOT WRITE IN THIS SPACE**

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 agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 6, 2006**


000000567197  
 06/14/06-80002-007 50.00

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PEARCE, R P JR<br>10859 EMERALD COAST PKWY W#4<br>DESTIN, FL 32550 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PEARCE TRUST<br>P.O. BOX 6755<br>DESTIN, FL 32550                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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11. 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 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:**       6-12-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #