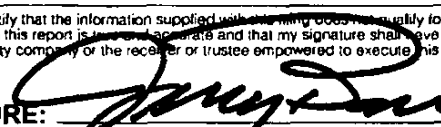


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

02-27-2007 90168 001 ***450.00

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DOCUMENT # L03000038747			
1. Entity Name BARRON MANAGEMENT LLC			
Principal Place of Business 5941 BERRYHILL ROAD SUITE J MILTON, FL 32570		Mailing Address 6223 HIGHWAY 90 BOX 107 MILTON, FL 32570	
2. Principal Place of Business, No P.O. Box 7425 San Ramon Dr.		3. Mailing Address PO Box 592	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Milton, FL		City & State Bagdad, FL	
Zip 32583	County Santa Rosa	Zip 32530	County Santa Rosa
4. FEI Number 20-0392853		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUSTON, GARY W 125 W. ROMANA ST., STE. 800 PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BARRON, DONA L MEMBER 3158 GATEWAY LANE CANTONMENT, FL 32533 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: 		Date: 03/12/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	