


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-27-2007 90168 001 \*\*\*450.00

<b>DOCUMENT # L04000000370</b>	
1. Entity Name <b>BARRON'S GREEN ACRES LLC</b>	

Principal Place of Business <b>5941 BERRYHILL ROAD SUITE J MILTON, FL 32570</b>	Mailing Address <b>6223 HIGHWAY 90 BOX 107 MILTON, FL 32570</b>
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2. Principal Place of Business - No P.O. Box # <b>1425 San Ramon Dr.</b>	3. Mailing Address <b>P.O. Box 592</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Milton, FL</b>	City & State <b>Bagdad, FL</b>
Zip <b>32583</b>	Country <b>Santa Rosa</b>
Zip <b>32530</b>	Country <b>Santa Rosa</b>

6. Name and Address of Current Registered Agent <b>HUTSON, GARY W 125 WEST ROMANA STREET, SUITE 800 PENSACOLA, FL 32502</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

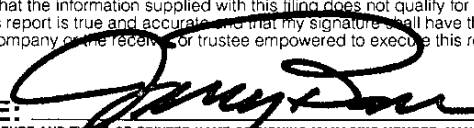
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BARRON MANAGEMENT LLC 3158 GATEWAY LANE CANTONMENT, FL 32533</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

**SIGNATURE:**  **03/12/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #