2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State
03-08-2007 90194 003 ****50.00

DOCUMENT # L05000063297

1. Entity Name

BARCELONA VILLAS APARTMENTS, LLC

Principal Place of Business	Mailing Address
27 FORRESTS EDGE COURT INDIANAPOLIS IN 46227	27 FORRESTS EDGE COURT INDIANAPOLIS IN 46227

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-3105160 AP-PLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, ROBERT L
227 NOKOMIS AVE. S.
VENICE FL 34285

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST-ZIP	MGR RYNARD, ROBERT L SR. 27 FORRESTS EDGE COURT INDIANAPOLIS IN 46227	☐ Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGR RYNARD, DOROTHY A 27 FORRESTS EDGE COURT INDIANAPOLIS IN 46227	☐ Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change	☐ Addition
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 Section 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: Robert L Rynard ROBERT L RYNARD SR 2-24-07 317-786-3895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #