2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000063297

1. Entity Name

BARCELONA VILLAS APARTMENTS, LLC



FILED Apr 22, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

: 27 FORRESTS EDGE COURT -INDIANAPOLIS, IN 46227 27 FORRESTS EDGE COURT INDIANAPOLIS, IN 46227



04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For Not Applied Solution Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

| The above named entity submits this statement for the purpose of change the obligations of registered agent. | ing its registered office of registered agent, or bour, | in the state of honea. Familia with, and doosp. |
|--|--|---|
| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |

the state of the second of the accidence of the second of

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000914207 05/08/08-80047-014 138.75

| | · · · · · · · · · · · · · · · · · · · |
|-----------------|---------------------------------------|
| 9. | MANAGING MEMBERS/MANAGERS |
| TITLE | MGR |
| NAME | RŸNARĎ, ROBERT L SR. |
| STREET ADDRESS | 27 FORRESTS EDGE COURT |
| City-St-ZIP | INDIANAPOLIS, IN 46227 |
| TITLE | MGR |
| NAME | RYNARD, DOROTHY A |
| STREET ADDRESS | 27 FORRESTS EDGE COURT |
| CITY-ST-ZIP | INDIANAPOLIS, IN 46227 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| C/TY-SI-ZIP | |

DO NOT WRITE IN THIS SPACE

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 apport as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-18-8 317-786-3893