

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111557

Entity Name: BARRIO305, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

9468 PEACEFUL DR.
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

9468 PEACEFUL DR.
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 20-4605748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GALLETS, EUNICE
2825 SW 22ND AVE. STE 105
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OTALVARO, NOAH
Address: 5201 BLUE LAGOON DR, SUITE 250
City-St-Zip: MIAMI, FL 33126 US

Title: MGR () Delete
Name: OTALVARO, ANTONIO
Address: 5201 BLUE LAGOON DR, SUITE 250
City-St-Zip: MIAMI, FL 33126 US

Title: MGR () Delete
Name: OTALVARO, FRANCISCO
Address: 5201 BLUE LAGOON DR, SUITE 250
City-St-Zip: MIAMI, FL 33126 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NOAH OTALVARO

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date