

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000111557

1. Entity Name
BARRIO305, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 AM 8:57

Principal Place of Business
9468 PEACEFUL DR.
SANIBEL, FL 33957 US

Mailing Address
9468 PEACEFUL DR.
SANIBEL, FL 33957 US

2. Principal Place of Business - No P.O. Box #
5201 Blue Lagoon Drive

3. Mailing Address
5201 Blue Lagoon Drive

Suite, Apt. #, etc.
Suite 250

Suite, Apt. #, etc.
Suite 250

City & State
Miami Florida

City & State
Miami, Florida

Zip
33126

Country
USA

Zip
33126

Country
USA

04072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4605748

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME OTALVARO, NOAH
STREET ADDRESS 5201 BLUE LAGOON DR, SUITE 250
CITY-ST-ZIP MIAMI, FL 33126

TITLE MGR ☐ Delete
NAME OTALVARO, ANTONIO
STREET ADDRESS 5201 BLUE LAGOON DR, SUITE 250
CITY-ST-ZIP MIAMI, FL 33126

TITLE MGR ☒ Delete
NAME OTALVARO, FRANCISCO
STREET ADDRESS 5201 BLUE LAGOON DR, SUITE 250
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000125502990
CITY-ST-ZIP 04/24/08--01008--005 **627.50

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Antonio Otalvaro, Manager

4/9/2008

(305) 266-9133

Date

Daytime Phone #