### 2007 LIMITED LIABILITY COMPANY - ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L05000112731

1. Entity Name

HB BARRINGTON PROPERTY L.L.C.



Principal Place of Business

Mailing Address

2508 BARRINGTON CIRCLE TALLAHASSEE, FL 32308

P.O. BOX 14079

TALLAHASSEE, FL 32317-4079

FILED Jan 18, 2007 08:00 AM Secretary of State



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3903686

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, J. STEVEN 2508 BARRINGTON CIR TALLAHASSEE, FL 32308

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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

#### Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	CARTER, J. STEVEN	
STREET ADDRESS	2508 BARRINGTON CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	MGRM	
NAME	SUBER, JESSE	
STREET ADDRESS	2508 BARRINGTON CIRCLE	
CITY-ST-2IP	TALLAHASSEE, FL 32308	
TITLE	MGRM	
NAME	FARAGASSO, LAURA BETH	
STREET ADDRESS	2508 BARRINGTON CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS	•	
CITY-ST-ZIP		

U00000590477 01/18/07-80058-007 50.00

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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 eath; 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, OR AUTHORIZED REPRESENTATIVE

1-4-17

222-2920

Date

Daytime Phone #