2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State
04-30-2007 90050 050 ****50.00

DOCUMENT # L06000051927

1. Entity Name
BARBARA P. BARR FARM, LLC

Principal Place of Business	Mailing Address
2965 PIEDMONT PLACE S.W. VERO BEACH, FL 32968	2965 PIEDMONT PLACE S.W. VERO BEACH, FL 32968

01062007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2965 Piedmont Place SW	2965 Piedmont Place SW
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Vero Beach, FL	City & State: Vero Beach, FL
Zip: 32968 Country: Indian River	Zip: 32968 Country: Indian River

4. FEI Number: 52-2332331 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEGAL, BARRY G P.A. 621 17TH STREET VERO BEACH, FL 32960	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BARR, BARBARA P 2965 PIEDMONT PLACE S.W. VERO BEACH, FL 32968	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ MGRM Mr. Eric S. Barr 4330 Ligustrum Drive Melbourne, FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ MGRM Mr. Brian D. Barr 32 Tolkien Passage Medford, NJ 08055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ MGRM Ms. Karen L. Barr Bldg #9, Apt B8 700 Lower State Road North Wales, PA 19454	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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.

Barbara P Barr

SIGNATURE: BARBARA P. BARR 4/13/07 772 770-3096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #