2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1.06000051027

FILED									
Apr 18, 2008 8:00 am									
Secretary of State									

1. Entity Name BARBARA P. BARR FARM, LLC						04-18-2008 9	90158 005	***138.7	75
Principal Place of Business Mailing Addre					1				
2965 PIEDMONT PLACE S.W. VERO BEACH, FL 32968		2965 PIEDMONT PLACE S.W. Vero Beach, Fl. 32968							
				•					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04012008	Chg-LLC	CR2E083	3 (12/06)	
City & State		City & State			4. FEI Numb 52-233				Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5.00 Addi ee Required	
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New I	Registered Ag	ent	
CECAL D	ABBY C D A		Name						
621 17TH	ARRY G P.A. STREET ACH, FL 32960	Street Address (P			P.O. Box Numb	per is Not Acceptable	e)		
\$	*. *								
Sept.	V		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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algnature required when reinstating) DATE									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							re check pay a Departmer		,
9.	MANAGING MEMBER	RS/MANAGERS	10.	,		ADDITIONS	/CHANGES		
TITLE	MGR	Delete	TITLE				[Change	Addition
NAME	BARR, BARBARA P		NAME	_		,			
STREET ADDRESS CITY-ST-ZIP	2965 PIEDMONT PLACE S.W. VERO BEACH, FL 32968		STREET ADDRES	S					
TITLE	MGRM	☐ Delete	TITLE	MGR	° M	· 		Change	Addition
NAME	BARR, ERIC S MR	CI Dexis	NAME	Rag	R ERIC	S Mr	•	VA Cusudo	L Addition
STREET ADDRESS	4380 LIGUSTRUM DR		STREET ADDRES	S 4 3 3	O LIGH	SIRUM	PRIVE		1
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	Mel	bourne	, FL 32	934	<u> </u>	
TITLE "	MGRM	☐ Delete	TITLE				•	☐ Change	Addition
NAME	BARR, BRIAN D MR		NAME	.					ł
STREET ADDRESS City-St-21P	32 TOLKIEN PASSAGE MEDFORD, NJ 08055		STREET ADDRES	8					
TITLE	MGRM	☐ Delete	TITLE	Ma	RИ			Change	Addition
NAME	BARR, KAREN L MS	CT Delete	NAME	BAR	R. KARE	N L MS STATE RD,	, ,	Change	
STREET ADDRESS	700 LOWER STATE RD		STREET ADDRES	s 200	LOWER	STATE RD,	BLD#9,	APT B	8
CITY-ST-ZIP	NORTH WALES, PA 19454		CITY-ST-ZIP	Nor	RTH WI	ALES, PA	19454	<i>.</i>	
TITLE.		☐ Delete	IIITE					☐ Change	☐ Addition
NAME			NAME STREET ADDRES	_					
CITY-ST-ZIP	*3000 Law 1997 SE TOP 1		CITY-ST-ZIP	•	_	<u> </u>			
TITLE	· - · · · · · ·	☐ Delete	TITLE	· ·				☐ Change	Addition
STREET ADDRESS	The second of th	•	NAME STREET ADDRES	,					
CITY-ST-ZIP			CITY-ST-ZIP						
11. I hereby of indicated	certify that the information supplied with to this report is true and accurate and the countries are the countries and the countries are t	this filing does not qualify to	r the exemptions	contained ffect as if n	in Chapter 119	, Florida Statutes. I i h: that I am a mana	urther certify t	hat the infor	mation r of the
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: Bandara P. Banz Manager April 15, 2008 (272) 770-3096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGENG MEMBER, MANAGER, OR GITHORIZED REPRESENTATIVE Date Days