

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000338

FILED
Jan 16, 2006
Secretary of State

Entity Name: BARCLAY HOLDINGS X, L.L.C.

Current Principal Place of Business:

15974 N. 77TH STREET
SUITE 100
SCOTTSDALE, AZ 85260

New Principal Place of Business:

7702 E. DOUBLETREE RANCH ROAD
SUITE 220
SCOTTSDALE, AZ 85258

Current Mailing Address:

15974 N. 77TH STREET
SUITE 100
SCOTTSDALE, AZ 85260

New Mailing Address:

7702 E. DOUBLETREE RANCH ROAD
SUITE 220
SCOTTSDALE, AZ 85258

FEI Number: 86-0952238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIETTO, DANIEL L
1123 OVERCASH DRIVE
DUNEDIN, FL 34698 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: COLA, DAVID S
Address: 1123 OVERCASH DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: MGR () Delete
Name: ARCHER, SCOTT T
Address: 15974 N. 77TH STREET SUITE 100
City-St-Zip: SCOTTSDALE, AZ 85260

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ARCHER, SCOTT T
Address: 7702 E. DOUBLETREE RANCH ROAD SUITE 220
City-St-Zip: SCOTTSDALE, AZ 85258

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT T. ARCHER

MGR

01/16/2006

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