

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000006333

Entity Name: HOMETOWN BARCLAY FARMS, L.L.C.

Current Principal Place of Business:

150 N WACKER DR
STE 2800
CHICAGO, IL 60606

FILED
May 04, 2015
Secretary of State
CC1269256441

Current Mailing Address:

150 N WACKER DR
STE 2800
CHICAGO, IL 60606 US

FEI Number: 38-3140664

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title MGRM
Name HOMETOWN COMMUNITIES LIMITED PARTNERSHIP
Address 150 N WACKER DR - STE 2800
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT
Name BRAUN, STEPHEN H
Address 150 N WACKER DR STE 2800
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT
Name ZILIS, PATRICK C
Address 150 N WACKER DR STE 2800
City-State-Zip: CHICAGO IL 60606

Title COO, ASST. SECRETARY
Name BRAUN, STEPHEN H
Address 150 N WACKER DR STE 2800
City-State-Zip: CHICAGO IL 60606

Title CFO, ASST. SECRETARY
Name ZILIS, PATRICK C
Address 150 N WACKER DR STE 2800
City-State-Zip: CHICAGO IL 60606

Title VP, T, ASST. SECRETARY
Name CURATOLO, THOMAS A
Address 150 N WACKER DR STE 2800
City-State-Zip: CHICAGO IL 60606

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN H. BRAUN

CO-PRESIDENT

05/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date