

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000006333

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

Current Principal Place of Business:

C/O HOMETOWN AMERICA 110 N. WACKER DRIVE
SUITE 4500
CHICAGO, IL 60606

Current Mailing Address:

C/O HOMETOWN AMERICA 110 N. WACKER DRIVE
SUITE 4500
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 C/O HOMETOWN AMERICA 110 N. WACKER DRIVE SUITE 4500
City-State-Zip: CHICAGO IL 60606

Title CEO, PRESIDENT
Name ZILIS, PATRICK C.
Address C/O HOMETOWN AMERICA 110 N. WACKER DRIVE SUITE 4500
City-State-Zip: CHICAGO IL 60606

Title CIO, ASST. SECRETARY
Name MINAHAN, DOUGLAS
Address C/O HOMETOWN AMERICA 110 N. WACKER DRIVE SUITE 4500
City-State-Zip: CHICAGO IL 60606

Title COO, ASST. SECRETARY
Name KRAVENAS, KENNETH
Address C/O HOMETOWN AMERICA 110 N. WACKER DRIVE SUITE 4500
City-State-Zip: CHICAGO IL 60606

Title SECRETARY
Name LYNCH, GREGORY R.
Address C/O HOMETOWN AMERICA 110 N. WACKER DRIVE SUITE 4500
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: GREGORY R. LYNCH

SECRETARY

04/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date