

**2014 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

**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**

**04/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date