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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 64998</b>                                                                                                                                     |                 | <b>Due no later than Jul 31, 2009</b>                                                                                                                                                            |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BARRON HOMES, LLC<br>SALLIE PALLERIA<br>1605 SOUTH KIMBALL STE 101<br>CALDWELL ID 83605<br>USA |             | SALLIE PALLERIA<br>2511 DORMAN AVE<br>CALDWELL ID 83605 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                                  |             | 3. <u>New</u> Registered Agent Signature: *             |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                 |                                                                                                                                                                                                  |             |                                                         |         |             |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                                                                             | City        | State                                                   | Country | Postal Code |  |
| MANAGER                                                                                                                                                | SALLIE PALLERIA | 2511 DORMAN AVE                                                                                                                                                                                  | CALDWELL    | ID                                                      | USA     | 83605       |  |
| MANAGER                                                                                                                                                | CHARLES TAYLOR  | 1124 SIERRA ALTA WAY                                                                                                                                                                             | LOS ANGELES | CA                                                      | USA     | 90069       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 64998</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Sallie Palleria<br>Name (type or print): Sallie Palleria                                                                                         |             |                                                         |         |             |  |
| Date: 05/26/2009<br>Title: Manager                                                                                                                     |                 |                                                                                                                                                                                                  |             |                                                         |         |             |  |
| Processed 05/26/2009                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                        |             |                                                         |         |             |  |