2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2005
Secretary of State

DOCUMENT# L00000006541

Entity Name: BEARFOOT ELEGANCE, LLC

Current Principal Place of Business:

5582 SE 44 AVE
OCALA, FL 344809415 US

New Principal Place of Business:

21026 SW PLANTATION STREET
DUNNELLON, FL 34431 US

Current Mailing Address:

5582 SE 44 AVE
OCALA, FL 344809415 US

New Mailing Address:

P O BOX 3147
DUNNELLON, FL 34430 US

FEI Number: 59-3653972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUCHU, JANELLE P
5582 SE 44 AVE
OCALA, FL 344809415 US

Name and Address of New Registered Agent:

BRUCHU, JANELLE P
21026 SW PLANTATION STREET
DUNNELLON, FL 34431 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: _____ 01/30/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM (X) Delete
Name: MITCHELL, MICHELLE C
Address: 5582 SE 44TH AVE.
City-St-Zip: OCALA, FL 344809415

Title: MGRM ( ) Delete
Name: BRUCHU, JANELLE P
Address: 5582 SE 44 AVE
City-St-Zip: OCALA, FL 344809415

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: BRUCHU, JANELLE P
Address: 21026 SW PLANTATION STREET
City-St-Zip: DUNNELLON, FL 34431

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JANELLE P BRUCHU MGRM 01/30/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date