

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006620

FILED  
Mar 22, 2004  
Secretary of State

**Entity Name:** KEY LARGO BAREFOOT ADVENTURES, LLC

**Current Principal Place of Business:**

P.O. BOX 3144  
KEY LARGO, FL 33037

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3144  
KEY LARGO, FL 33037

**New Mailing Address:**

**FEI Number:** 02-0600674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT, INC.  
92 SADBERRY ROAD  
QUINCY, FL 323510000 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SWENSSON, JASON  
Address: P.O. BOX 3144  
City-St-Zip: KEY LARGO, FL 33037

Title: MGRM ( ) Delete  
Name: SWENSSON, DEBRA  
Address: P.O. BOX 3144  
City-St-Zip: KEY LARGO, FL 33037

**ADDITIONS/CHANGES:**

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

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

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: JASON SWENSSON

MGRM

03/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date