

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90064 006 \*\*\*\*50.00

**DOCUMENT # L02000006620**

1. Entity Name  
**KEY LARGO BAREFOOT ADVENTURES, LLC**



Principal Place of Business  
P.O. BOX 3144  
KEY LARGO FL 33037

Mailing Address  
P.O. BOX 3144  
KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0600674

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**A1A CORPORATE SERVICES INC.  
218 SOUTHERN COUNTRY LANE  
QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name **A1A REGISTERED AGENT, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**25 S.E 2ND AVENUE SUITE 1036**

City

**MIAMI**

FL

Zip Code

**33131**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Paul Smith*

**PAUL SMITH, VICE PRESIDENT**

**02-07-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
SWENSSON, JASON  
P.O. BOX 3144  
KEY LARGO FL 33037**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
SWENSSON, DEBRA  
P.O. BOX 3144  
KEY LARGO FL 33037**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify 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 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 Swenson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**01/16/03 (305) 522-2338**

CR2E083 (10/02)