


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90013 007 ****55.00

DOCUMENT # L02000009641					
1. Entity Name BAREFOOT HOLDINGS, LLC					
Principal Place of Business 4259 S. FLORIDA AVE. LAKELAND, FL 33813			Mailing Address 4259 S. FLORIDA AVE. LAKELAND, FL 33813		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01032007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 04-3656820	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$5.00 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ST. JOHN, JOSEPH P 1125 US HIGHWAY 98 SOUTH, STE 200 LAKELAND, FL 33801			Name <u>St. John, Joseph P.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4259 S. Florida Ave.</u> City <u>Lakeland</u> FL Zip Code <u>33813</u>		
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 <u>Joseph P. St John</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1/3/2007</u> <small>(NOTE: Registered Agent Signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ST. JOHN, JOSEPH P 1125 US HIGHWAY 98 SOUTH, STE 200 LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Joseph P. St John 4259 S. Florida Ave. Lakeland, FL 33813
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Joseph P. St John</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>January 3, 2007</u> Daytime Phone # <u>(863) 686-1400</u>		