


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
04 SEP 20 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000022463</b> 1. Entity Name <b>BAREFOOTE ENTERPRISES, L.L.C.</b>	
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Principal Place of Business 1021 HIGHWAY 98 EAST UNIT 3 DESTIN, FL 32541 US	Mailing Address 1021 HIGHWAY 98 EAST UNIT 3 DESTIN, FL 32541 US
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country
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09012004    Chg-LLC    CR2E083 (10/03)

4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

FOOTE, JOHN D III  
 1021 HIGHWAY 98 EAST  
 UNIT 3  
 DESTIN, FL 32541

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

JDK

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOOTE, JOHN D III	NAME	100041366761
STREET ADDRESS	1021 HIGHWAY 98 EAST, UNIT 3	STREET ADDRESS	09/27/04--01049--002 **50.00
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Leslie Ann H. Foote
STREET ADDRESS		STREET ADDRESS	1021 Highway 98 East, Unit 3
CITY-ST-ZIP		CITY-ST-ZIP	Destin, Florida 32541
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **John D. Foote, III**    9/3/04    850-654-0081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #