2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State
07-23-2004 90068 045 ****50.00

DOCUMENT # L03000044175

1. Entity Name
BAREFOOT ESTATE MANAGEMENT, LLC

Principal Place of Business
3911 ROYAL PALM DRIVE
BRADENTON, FL 34210

Mailing Address
3911 ROYAL PALM DRIVE
BRADENTON, FL 34210

14026655

2. Principal Place of Business
10103 Cortez Rd West
Suite, Apt. #, etc.
City & State: Bradenton FL
Zip: 34210 Country: USA

3. Mailing Address
10103 Cortez Rd West
Suite, Apt. #, etc.
City & State: BRADENTON
Zip: FL 34210 Country:

07092004 Chg-LLC CR2E063 (10/03)

4. FEI Number
47-0934939
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HENSDALE, STEVEN S
3911 ROYAL PALM DRIVE
BRADENTON, FL 34210

7. Name and Address of New Registered Agent
Name: Steven S. Hensdale
Street Address (P.O. Box Number is Not Acceptable): 117-E Neptune Lane
City: Holmes Beach FL Zip Code: 34217

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: Steven S. Hensdale STEVEN S. HENSDALE 9-JUL-04
Signature, typed or printed name of registered agent, and title if applicable. DATE

Filing Fee is $50.00
Due by September 8, 2004

☐ Check
☐ Cash

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HENSDALE, STEVEN S 3911 ROYAL PALM DRIVE BRADENTON, FL 34210	☐ Delete	CEO 117-E Neptune Lane Holmes Beach, FL 34217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HAMMOCK, MICHELE M 3911 ROYAL PALM DRIVE BRADENTON, FL 34210	☐ Delete	President 640 Broadway Street Longboat Key, FL 34228	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does [illegible] section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and [illegible] signature [illegible] affirmation made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee [illegible] to [illegible] Chapter 605, Florida Statutes.

SIGNATURE: M. Hammock M. HAMMOCK 7-9-04 941-761-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #