

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046934

Entity Name: 209 BAREFOOT BEACH, LLC

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

7300 SOUTH 13TH STREET, #101
OAKCREEK, WI 53154

New Principal Place of Business:

7300 SOUTH 13TH STREET, #101
OAK CREEK, WI 53154

Current Mailing Address:

7300 SOUTH 13TH STREET, #101
OAKCREEK, WI 53154

New Mailing Address:

7300 SOUTH 13TH STREET, #101
OAK CREEK, WI 53154

FEI Number: 20-0571964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 NORTHWEST 16TH STREET
FT. LAUDERDALE, FL 33311 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: DILWORTH, MICHAEL H
Address: 7300 SOUTH 13TH STREET, #101
City-St-Zip: OAKCREEK, WI 53154

Title: MGRM () Delete
Name: K3&J - NO. 3, LLC,
Address: 6900 WEST LINCOLN AVE
City-St-Zip: WEST ALLIS, WI 532191944

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DILWORTH, MICHAEL H
Address: 7300 SOUTH 13TH STREET, #101
City-St-Zip: OAK CREEK, WI 53154

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: MICHAEL H. DILWORTH

MGRM

04/28/2005

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