2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000046934

209 BAREFOOT BEACH, LLC



FILED Mar 16, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

7300 S 13TH ST

STE 101 OAK CREEK, WI 53154 7300 S 13TH ST STE 101 OAK CREEK, WI 53154



03122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	•		Applied For
20-0571964			Not Applicable
5. Certificate of Status Desired		\$5.00	Additional

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6. Name and Address of Current Registered Agent

FILINGS, INC.

3732 NORTHWEST 16TH STREET FT. LAUDERDALE, FL 33311

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	e named entity submits this statement for the purpose of changi ations of registered agent.	ng its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE

Filing Fee Is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DILWORTH, MICHAEL H 7300 S 13TH ST STE 101 OAK CREEK, WI 53154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM K3&J - NO. 3, LLC 6900 WEST LINCOLN AVE WEST ALLIS, WI 532191944
TITLE NAME STREET ADORESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11 I hereby	certify that the information cupolied with this filing does not quality for the

U000000669022 03/27/07-80054-014 50.00

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11. I hereby certify that the information supplied with this filling 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 be executed in is report as required by Chapter 608, Florida Statutes.

SIGNATURE:	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORISED REPRESENTATIVE

Daytime Phone #