

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055225

FILED
Apr 25, 2007
Secretary of State

Entity Name: 552 BAREFOOT TRACE CIRCLE, LLC

Current Principal Place of Business:

1093 A1A BEACH BLVD., PMB 236
ST. AUGUSTINE BEACH, FL 32080

New Principal Place of Business:

350 6TH ST.
ATLANTIC BEACH, FL 32233

Current Mailing Address:

1093 A1A BEACH BLVD., PMB 236
ST. AUGUSTINE, FL 32080

New Mailing Address:

P.O. BOX 50336
JACKSONVILLE, FL 32240

FEI Number: 76-0792002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDLER, ERIC
3896-D PALM VALLEY ROAD
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

GRAY, III, ROBERT W
350 6TH ST
ATLANTIC BEACH, FL 32233 US

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: ROBERT W. GRAY, III

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANDLER, ERIC
Address: 3896-D PALM VALLEY ROAD
City-St-Zip: PONTE VEDRA, FL 32082

Title: MGR (X) Delete
Name: GRAY, III, ROBERT W
Address: PO BOX 50336
City-St-Zip: JACKSONVILLE BEACH, FL 32240

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRAY, III, ROBERT W
Address: 350 6TH ST.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT W. GRAY, III

MGR

04/25/2007

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