

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L06000102104</b> 1. Entity Name <b>SJ BAREFOOT NORTH #1, LLC</b>						<b>ENTERED RECEIVED</b> MAR 05 2007 FILED 07 JUL -9 PM 3:00 BY:	
Principal Place of Business <b>475 CENTRAL AVENUE KRESS BUILDING, SUITE M-4 ST. PETERSBURG FL 33701 US</b>				Mailing Address <b>475 CENTRAL AVENUE KRESS BUILDING, SUITE M-4 ST. PETERSBURG FL 33701 US</b>			
2. Principal Place of Business - No P.O. Box # <b>1950 Lake Ave, SE</b> Suite, Apt. #, etc. <b>#B</b>		3. Mailing Address <b>1950 Lake Ave, SE</b> Suite, Apt. #, etc. <b>#B</b>		1st MOORE CR2E083 (10/06)			
City & State <b>Largo, FL</b>		City & State <b>Largo, FL</b>		4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33771</b>		Country <b>Pinellas</b>		Zip <b>33771</b>		Country <b>Pinellas</b>	
6. Name and Address of Current Registered Agent <b>LODER, JOHN 475 CENTRAL AVENUE KRESS BUILDING, SUITE M-4 ST. PETERSBURG FL 33701</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>			
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>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LODER, JOHN 475 CENTRAL AVENUE, SUITE M-4 ST. PETERSBURG FL 33701</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1950 Lake Ave, SE #B Largo, FL 33771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300105266019 07/10/07--01039--002 **500.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 to execute this report as required by Chapter 608, Florida Statutes.							
<b>SIGNATURE: <i>Charles</i> / April Charles</b>				<b>5-1-07 (727) 581-7200</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #	