
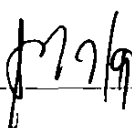



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000102107 1. Entity Name SJ BAREFOOT NORTH #2, LLC						INTEREST RECEIVED FILED MAR 05 2007 BY PH 3:00 07 JUL - 5	
Principal Place of Business 475 CENTRAL AVENUE KRESS BUILDING, SUITE M-4 ST. PETERSBURG FL 33701 US				Mailing Address 475 CENTRAL AVENUE KRESS BUILDING, SUITE M-4 ST. PETERSBURG FL 33701 US			
2. Principal Place of Business - No P.O. Box # 1950 Lake Ave, SE Suite, Apt. #, etc. # B		3. Mailing Address 1950 Lake Ave, SE Suite, Apt. #, etc. # B		1st MOORE CR2E083 (10/06)			
City & State Largo, FL Zip 33771		City & State Largo, FL Zip 33771					
Country Pinellas		Country Pinellas		4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent LODER, JOHN 475 CENTRAL AVENUE KRESS BUILDING, SUITE M-4 ST. PETERSBURG FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LODER, JOHN 475 CENTRAL AVENUE, SUITE M-4 ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	1950 Lake Ave, SE # B Largo, FL 33771 <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	300105265993 07/10/07--01039--002 **500.00 <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.							
SIGNATURE: 				5-1-07 (727) 581-7200			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			