

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FCS-1007

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DOCUMENT # L06000102110

1. Entity Name

SJ BAREFOOT NORTH #3, LLC



Principal Place of Business

Mailing Address

475 CENTRAL AVENUE
KRESS BUILDING, SUITE M-4
ST. PETERSBURG FL 33701
US

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, S.E.

Suite, Apt. #, etc.

#B

City & State

Largo, FL

Zip

33771

Country

Pinellas

3. Mailing Address

1950 Lake Ave, S.E.

Suite, Apt. #, etc.

#B

City & State

Largo, FL

Zip

33771

Country

Pinellas

1st MOORE

CR2E083 (10/06)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LODER, JOHN
475 CENTRAL AVENUE
KRESS BUILDING, SUITE M-4
ST. PETERSBURG FL 33701

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

Signature, typed or printed name of registered agent and title if applicable.

(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
MGRM
LODER, JOHN
STREET ADDRESS
475 CENTRAL AVENUE, SUITE M-4
CITY - ST - ZIP
ST. PETERSBURG FL 33701

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1950 Lake Ave SE #B
Largo, FL 33771

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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CITY - ST - ZIP
800105865948
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☐ Change ☐ 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: April Charles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-1-07 (727) 581-7200

Date

Daytime Phone #