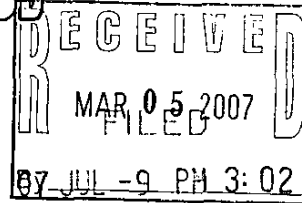


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ENTERED  
5-10-07



DOCUMENT # L06000102115

1. Entity Name

SJ BAREFOOT NORTH #4, LLC



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 S.E.

Suite, Apt. #, etc.

#B

3. Mailing Address

1950 Lake Ave S.E.

Suite, Apt. #, etc.

#B

City & State

Largo, FL

Zip

33771

Country

Pinellas

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

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	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LODER, JOHN	NAME	
STREET ADDRESS	475 CENTRAL AVENUE, SUITE M-4	STREET ADDRESS	1950 Lake Ave SE #B
CITY-ST-ZIP	ST. PETERSBURG FL 33701	CITY-ST-ZIP	Largo, FL 33771
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Achara / April Charles 5-1-07 (727) 581-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #