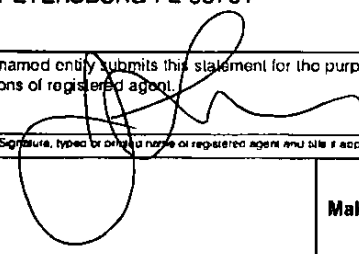


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 27, 2007 8:00 am
Secretary of State

07-06-2007 90086 001 ***500.00

DOCUMENT # L06000102117 1. Entity Name SJ BAREFOOT NORTH #5, 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 SE Suite, Apt. #, etc. #B		3. Mailing Address 1950 Lake Ave SE Suite, Apt. #, etc. #B			
City & State Largo, FL Zip 33771		City & State Largo, FL Zip 33771		4. FEI Number 84-1718158	
Country Pinellas		Country Pinellas		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) 1950 Lake Ave SE, #B City Largo FL Zip Code 33771		
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 registering) 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	☐ 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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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				Date 5-1-07 (b) 581-7200	