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	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

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1950 Lake Ave SE		1950 Lake Ave SE	
Suite, Apt. #, etc.: #B		Suite, Apt. #, etc.: #B	
City & State: Largo, FL		City & State: Largo, FL	
Zip: 33771	Country: Pinellas	Zip: 33771	Country: Pinellas

4. FEI Number: 84-1718158 ☐ 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): 1950 Lake Ave S.E, #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 ____________________
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 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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: ACharles / 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 #