

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000049949

Entity Name: BAREFOOT AVIATION, LLC

FILED
Sep 09, 2008
Secretary of State

Current Principal Place of Business:

547 N. SONORA CIRCLE
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

547 N. SONORA CIRCLE
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 80-0252729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZABINSKI, DAVID A
547 N. SONORA CIRCLE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

ZABINSKI, DAVID D
547 N. SONORA CIRCLE
INDIALANTIC, FL 32903 US

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.

SIGNATURE: DAVID ZABINSKI

09/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZABINSKI, DAVID A
Address: 547 N. SONORA CIRCLE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZABINSKI, DAVID D
Address: 547 N. SONORA CIRCLE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: MGRM () Change (X) Addition
Name: ZABINSKI, PETER P DR
Address: 1405 SOUTH PINE STREET
City-St-Zip: MELBOURNE, FL 32901 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID ZABINSKI

MGRM

09/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date