File on or before May 1, 1998 or Limited Liability Cor pany will be subject to a \$ 400.00 LATE FEE. MENT OF STATE FLORIDA DEPA LIMITED LIABILITY COMPANY FILED Sandra t ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 1163 20 111 3: 39 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Llability Company **DOCUMENT #** L9500000795 1a. Principal Place of Business Address BAREFOOT ENTERPRISES, L.C. 16355 VANDERBILT DR. 16355 VANDERBILT DR. STE. 108 STE. 108 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 10/18/1995 I. FEI Number Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0621553 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name ROSS, DONALD K JR. Street Address (P.O. Box Number is Not Acceptable) KELLY, PRICE, PASSIDOMO & SIKET <u>400002468344</u>, 2640 GOLDEN GATE PKWY., SUITE 315 Sulte, Apt. #, etc. NAPLES FL 33941 -03/25/98--01092--004 City ****188.75 ****188.75 9. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ DATE ___ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM PARKS, LEONARD 205 LELY BEACH BOULEVARD BONITA SPRINGS FL MEM PARKS, LYNNE C 205 LELY BEACH BOULEVARD BONITA SPRINGS FL 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an

attachment with an address. SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER.