File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 APR 12 AM 9:30 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECTION STATE
TALL MESSES, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000001222** 1a. Principal Place of Business Address BAREFOOT'N DEVELOPMENT COMPANY, L.L.C. 5770 WEST IRLO BRONSON HIGHWAY, SUITE 142 5770 WEST IRLO BRONSON HIGHW KISSIMMEE FL 34746 KISSIMMEE FL 34746 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 10/21/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-3535899 Applied For City & State City & State APPLIED FOR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name SPRINGER, JOHN E 5770 WEST IRLO BRONSON HIGHWAY, SUIT Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34746 Suite Ant. #. etc Zip Code 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. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE DATE (Registere) Agent Alcopting Appointment). (NOTE: Registered Agent signature responsitivities researching) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code SPRINGER, JOHN E MGR 5770 WEST IRLO BRONSON HIG KISSIMMEE FL ethnoo2842956---5 -04/18/99--01106---005 ****188.75 11. I do 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

BENAME A R

SIGNATURE: John E Springer C

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