

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001222

FILED  
Aug 03, 2006  
Secretary of State

**Entity Name:** BAREFOOT'N DEVELOPMENT COMPANY, L.L.C.

**Current Principal Place of Business:**

2750 FLORIDA PLAZA BLVD  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

2750 FLORIDA PLAZA BLVD  
SUITE 142  
KISSIMMEE, FL 34746 US

**New Mailing Address:**

2750 FLORIDA PLAZA BLVD  
KISSIMMEE, FL 34746 US

**FEI Number:** 59-3535899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STADELMAN, H. JAMES  
604 COURTLAND ST., STE 100  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

MAYHUGH, LINDA  
4259 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33813 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: LINDA MAYHUGH

08/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SPRINGER, JOHN E  
Address: 2750 FLORIDA PLAZA BLVD  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ST JOHN, JOSEPH P  
Address: 2750 FLORIDA PLAZA BLVD  
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH P ST JOHN

MGR

08/03/2006

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