

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000029665**

1. Entity Name  
**OFF THE SQUARE DEVELOPERS, LLC**



Principal Place of Business	Mailing Address
OLD SOUTH CENTRE 36468 EMERALD COAST PARKWAY, SUITE 10101 DESTIN, FL 32541	OLD SOUTH CENTRE 36468 EMERALD COAST PARKWAY, SUITE 10101 DESTIN, FL 32541



04242007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1017316	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GWIN, CURTIS H  
OLD SOUTH CENTRE  
36468 EMERALD COAST PARKWAY, SUITE 10101  
DESTIN, FL 32541

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GWIN, CURTIS
STREET ADDRESS	36468 EMERALD COAST PARKWAY, SUITE 10101
CITY-ST-ZIP	DESTIN, FL 32541

TITLE	MGRM
NAME	SHOULTS, H. RAY
STREET ADDRESS	36468 EMERALD COAST PARKWAY, SUITE 10101
CITY-ST-ZIP	DESTIN, FL 32541

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05/09/07-80124-008 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Ray Shoults **Ray Shoults** 4-24-07 850-837-0392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #