2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



								1	JI 1714	1	
DOCUMENT # L0400029665 1. Entity Name OFF THE SQUARE DEVELOPERS, LLC						04-28-2008 90037 031 ***138.75					
Principal Place of Business Mailing Address							ប្រសិល្បិ	UUU &3/34			
OLD SOUTH CENTRE 36468 EMERALD COAST PARKWAY, SUITE 10101 DESTIN, FL 32541 OLD SOUTH CENTRE 36468 EMERALD COAST DESTIN, FL 32541			PARKWAY, SUITE 1010								
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03172008	Chg-LLC	CR2EC	083 (12/06)		
City & State		City & State				4. FEI Number Applied For 20-1017316 Not Applicable					
Zip -	Country	Zip Count		try		5. Certificate	e of Status Desired	<u>.</u> 🗖	\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
GWIN, CURTIS H				Name							
OLD SOUTH CENTRE 36468 EMERALD COAST PARKWAY, SUITE 10101				Street A	eet Address (P.O. Box Number is Not Acceptable)						
DESTIN, FL 32541											
					FL Zip Code						
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistere	ed office or	register	ed agent, or bo	oth, in the State of Fig	orida. I am	familiar with.	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent at	WOT.	O. alas		· · ·			DATE			
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State											
9.	MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS	/CHANGES	3		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				36468	M Change Add DCABLE TRUST OF CURTIS H. GWIN BEMERALD COAST PKWY, SUITE 10101 IN, FL 32541					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				36468	Addition OCABLE TRUST AGREEMENT OF HOWARD RAY SHOULTS 8 EMERALD COAST PKWY, SUITE 10101 FIN, FL 32541					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete							☐ Change	Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete							☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition	

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.

850-837-0392