


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000056038</b> 1. Entity Name <b>BAREFOOT COTTAGES DEVELOPMENT COMPANY, LLC</b>	
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Principal Place of Business <b>OLD SOUTH CENTRE 36468 EMERALD COAST PKWY, STE 10101 DESTIN, FL 32541</b>	Mailing Address <b>OLD SOUTH CENTRE 36468 EMERALD COAST PKWY, STE 10101 DESTIN, FL 32541</b>
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03172008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1423298</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

<b>GWIN, CURTIS H OLD SOUTH CENTRE 36468 EMERALD COAST PKWY, STE 10101 DESTIN, FL 32541</b>
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**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000927255  
05/20/08-80100-008 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM GWIN, CURTIS H 36468 EMERALD COAST PKWY STE 10101 DESTIN, FL 32541</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM SHOULTS FAMILY PARTNERSHIP LTD. 36468 EMERALD COAST PKWY, STE 10101 DESTIN, FL 32541</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:** H. Paul Shoults

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/23/08

Date

850-837-0392

Daytime Phone #