

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056038

FILED
Apr 27, 2009
Secretary of State

Entity Name: BAREFOOT COTTAGES DEVELOPMENT COMPANY, LLC

Current Principal Place of Business:

OLD SOUTH CENTRE
36468 EMERALD COAST PKWY, STE 10101
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

OLD SOUTH CENTRE
36468 EMERALD COAST PKWY, STE 10101
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-1423298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GWIN, CURTIS H
OLD SOUTH CENTRE
36468 EMERALD COAST PKWY, STE 10101
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GWIN, CURTIS H
Address: 36468 EMERALD COAST PKWY STE 10101
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: SHOULTS FAMILY PARTNERSHIP LTD.
Address: 36468 EMERALD COAST PKWY, STE 10101
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GWIN, CURTIS H
Address: 36468 EMERALD COAST PKWY STE 10101
City-St-Zip: DESTIN, FL 32541

Title: MGR (X) Change () Addition
Name: SHOULTS, HOWARD R
Address: 36468 EMERALD COAST PKWY, STE 10101
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify 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: HOWARD R. SHOULTS

MGR

04/27/2009

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