2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000069016

1. Entity Name

NAME STREET ADDRESS CITY-ST-ZIP

BAREFOOT FOUR INVESTMENTS, LLC



FILED
May 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

7303 RODGERS DRIVE PANAMA CITY, FL 32404 Mailing Address

7303 RODGERS DRIVE PANAMA CITY, FL 32404



DO NOT WRITE IN THIS SPACE

04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3151155 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMALLWOOD MIRANDA, CHRISTINE D 7303 RODGERS DRIVE PANAMA CITY, FL 32404

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 as scable. (NOTE: Registered Agent signature required white if as scable.)			DATE
Fi Di	lling Fee is \$50.00 ;- ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMALLWOOD MIRANDA, CHRISTINE D 7303 RODGERS DRIVE PANAMA CITY, FL 32404		U00000751192 05/18/07-80094-001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	₹,	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			<i>(1)</i>
TITLE		1	

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTINE D. SMALLA
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

SOOD MIRANDA

Daytime Phone #