

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088278

Entity Name: BAREFOOT INVESTORS LLC

FILED
Feb 20, 2007
Secretary of State

Current Principal Place of Business:

832 DRIFTWOOD PT. RD.
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

832 DRIFTWOOD PT. RD.
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIAM M
832 DRIFTWOOD PT. RD.
SANTA ROSA BEACH, FL 32459 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: GRAVES, LAURIE A
Address: 832 DRIFTWOOD PT. RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM Delete
Name: SMITH, WILLIAM M TRUSTEE
Address: 832 DRIFTWOOD PT. RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM Delete
Name: SMITH, PATRICIA C TRUSTEE
Address: 832 DRIFTWOOD PT. RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: MGRM Change Addition
Name: LAURIE ANNE DISTRIBU, TORS, LLC
Address: 832 DRIFTWOOD PT. RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

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: WILLIAM M. SMITH ,TRUSTEE

MGRM

02/20/2007

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