

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # L03000012500	
1. Entity Name E & M, LLC	
Principal Place of Business 7041 HIRAMS ROAD SOUTHPORT, FL 32409	Mailing Address P.O. BOX 382 LYNN HAVEN, FL 32444



03082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0449120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CHATONEY, WILLIAM M 7041 HIRAMS ROAD SOUTHPORT, FL 32409	DO NOT WRITE IN THIS SPACE
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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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHATONEY, WILLIAM M 7041 HIRAMS ROAD PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHATONEY, ELIZABETH D 7041 HIRAMS ROAD PANAMA CITY, FL 32409
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UD00000863564
04/03/08-80095-020 138.75

**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.

Elizabeth D. Chatoney
SIGNATURE: Elizabeth D. Chatoney

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

3-13-08 850-271-0555

Date

Daytime Phone #