


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000002268 1. Entity Name DRUMMOND & MYERS DEVELOPMENT, LLC.	
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Principal Place of Business 111 W. BEACH DRIVE PANAMA CITY, FL 32401 US	Mailing Address 111 W. BEACH DRIVE PANAMA CITY, FL 32401 US
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01182007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0988977	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BENNETT, DERRICK 109 HARRISON AVE. PANAMA CITY, FL 32401

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.

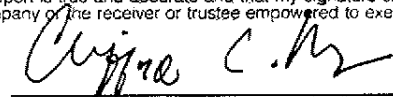
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DRUMMOND, JOHN 111 W. BEACH DRIVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MYERS, CLIFF 111 W. BEACH DRIVE PANAMA CITY, FL 32401
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<p>U00000608253 02/01/07-B00003-013 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/25/07

(850) 769-8980

Date

Daytime Phone #