

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016618

Entity Name: 4 AMIGOS OF FWB, L.L.C.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

1083 TREE POINT DRIVE
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

1083 TREE POINT DRIVE
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 20-2343203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, BARBARA A
1083 TREE POINT DRIVE
FORT WALTON BEACH, FL 32547 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: MGR () Delete
Name: NELSON, BARBARA A
Address: 1083 TREE POINT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM () Delete
Name: NELSON, DANIEL R
Address: 1083 TREE POINT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM () Delete
Name: Siner, Ashley K
Address: 216 COUNTRY CLUB ROAD
City-St-Zip: SHALIMAR, FL 32579 US

Title: MGRM () Delete
Name: NELSON, REED B
Address: 2617 STRATFORD ROAD
City-St-Zip: RICHMOND, VA 23225 US

ADDITIONS/CHANGES:

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

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

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

Title: MGRM (X) Change () Addition
Name: NELSON, REED B
Address: 3112 OAK ST
City-St-Zip: JACKSONVILLE, FL 32205 US

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: BARBARA A NELSON

MGR

01/12/2009

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