

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90198 043 ****50.00

DOCUMENT # L05000086213

1. Entity Name
FOUR WINDS DEVELOPERS, LLC



Principal Place of Business
**786 N. BEAL PARKWAY, SUITE 1-B
FT. WALTON BEACH, FL 32547**

Mailing Address
**786 N. BEAL PARKWAY, SUITE 1-B
FT. WALTON BEACH, FL 32547**

20013103

2. Principal Place of Business
6 COUNTRY CLUB ROAD

3. Mailing Address
6 COUNTRY CLUB ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032006 Chg-LLC CR2E083 (11/05)



City & State
SHALIMAR, FL

City & State
SHALIMAR, FL

4. FEI Number
76-0800372

Applied For
Not Applicable

Zip
32579

Country
US

Zip
32579

Country
US

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MICHAEL WM MEAD, P.A.
24 WALTER MARTIN ROAD, SUITE 3
FT. WALTON BEACH, FL 32549-1329**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
**MANAGER
MERLE L THUMMA
786 N. BEAL PARKWAY, SUITE 1-B
FORT WALTON BEACH, FL 32547**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
**MANAGING MEMBER
DEREK E WYATT
786 N. BEAL PARKWAY, SUITE 1-B
FORT WALTON BEACH, FL 32547**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
**MANAGING MEMBER
THOMAS L WATKINS
6 COUNTRY CLUB ROAD
SHALIMAR, FL 32579**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
**MANAGING MEMBER
BRENT D ACREE
11-A MARLBOROUGH ROAD
SHALIMAR, FL 32579**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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:

Brent D. Acree

3/02/06

850-314-0828

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

Date

Daytime Phone #