


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90092 050 \*\*\*\*50.00

30003060

1st MOORE CR2E083 (10/05)

<b>DOCUMENT # L05000107540</b> 1. Entity Name <b>GROUP OF FOUR, LLC</b>					
Principal Place of Business <b>2889 WHISPER LAKE DRIVE GULF BREEZE FL 32563</b>			Mailing Address <b>2889 WHISPER LAKE DRIVE GULF BREEZE FL 32563</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-3765524</b>			<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WIEGNER, ROGER 2889 WHISPER LAKE DRIVE GULF BREEZE FL 32563</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to: Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM WIEGNER, ROGER 2889 WHISPER LAKE DRIVE GULF BREEZE FL 32563</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MILLSTEAD, DAVID 224 NORTH CIRCLE FAIRHOPE AL 36532</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM TOWNSEND, JEFF 98 HIGHPOINT DRIVE GULF BREEZE FL 32561</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ORLICH, ROBERT 934 WEST LAGOON GULF SHORES AL 36542</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> _____ <b>2/19/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

ATTACHMENT  
30063060  
#LOS000107540

**Christina Frye-Simmons**  
Office Manager

March 11, 2006

Please see attached correction made;  
the PEI # has been written  
into proper space (Block 4)

Thank you,  
*Christina*



113 Baybridge Drive • Gulf Breeze, FL 32561 • 850-934-6127 FAX: 850-934-6578  
christina@innisfree.com | www.surfandsandrealty.com



ATTACHMENT

30003060

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2006

GROUP OF FOUR, LLC  
2889 WHISPER LAKE DRIVE  
GULF BREEZE, FL 32563

Subject: **GROUP OF FOUR, LLC**

Reference Number:

**L05000107540**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION



ATTACHMENT

30003060

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2006

GROUP OF FOUR, LLC  
2889 WHISPER LAKE DRIVE  
GULF BREEZE, FL 32563

Subject: GROUP OF FOUR, LLC

Reference Number: L05000107540

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314

3909

ROGER W. WIEGNER  
2889 WHISPER LAKE DR.  
GULF BREEZE, FL 32563-2627

Date 1/26/06

To the order of  
FL Dept. of State - Division of Corporations \$ 50.00

to Dollars

Bank of America

ACH OUT 003100277

Menu Group of Four, LLC  
1:06 30000471: 002051675272103909

\* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING \*

OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # L05000107540

GROUP OF FOUR, LLC  
2889 WHISPER LAKE DRIVE  
GULF BREEZE FL 32563-2627

ATTACHMENT  
30003060  
L05000107540

\* Please see payment already sent on January 26th.  
For questions please call 850-393-0063.  
Thank you



CR2E055-11 10/05

COPY



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

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## ANNUAL REPORT NOTICE

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GROUP OF FOUR, LLC  
2889 WHISPER LAKE DRIVE  
GULF BREEZE FL 32563-2627