

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90221 030 \*\*\*\*50.00

DOCUMENT # L05000114728

1. Entity Name

M4 PROPERTIES, L.L.C.



Principal Place of Business

369 W. MIRACLE STRIP PARKWAY  
MARY ESTHER FL 32569

Mailing Address

369 W. MIRACLE STRIP PARKWAY  
MARY ESTHER FL 32569



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-3911325

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, WILLIAM S  
909 MAR WALT DRIVE  
1014  
FORT WALTON BEACH FL 32547

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete  
NAME FOSTER, WILLIAM S  
STREET ADDRESS 909 MAR WALT DRIVE  
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition  
NAME MCTYEIRE, ROBERT A.  
STREET ADDRESS 369 W. MIRACLE STRIP PKWY.  
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE MGRM ☐ Change ☒ Addition  
NAME MCTYEIRE, WILLIAM W. III  
STREET ADDRESS 835 HILLSIDE DRIVE  
CITY-ST-ZIP LINVILLE, NC 28646

TITLE MGRM ☐ Change ☒ Addition  
NAME MILLHOUSE, KATHERINE M.  
STREET ADDRESS 4025 OLD LEADS CIRCLE  
CITY-ST-ZIP BIRMINGHAM, AL 35213

TITLE MGRM ☐ Change ☒ Addition  
NAME DRENNEN, HELEN M.  
STREET ADDRESS 25 WOODHILL ROAD  
CITY-ST-ZIP BIRMINGHAM, AL 35213

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

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

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.

SIGNATURE: Robert A. MCTYEIRE  
Robert A. MCTYEIRE

3/13/06

(850) 664-6859

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

Date

Daytime Phone #