

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000123243

1. Entity Name
FOUR BAY, LLC



Principal Place of Business
17320 PANAMA CITY BEACH PARKWAY
SUITE 107
PANAMA CITY BEACH, FL 32413

Mailing Address
17320 PANAMA CITY BEACH PARKWAY
SUITE 107
PANAMA CITY BEACH, FL 32413



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2548663

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEEBRICK, BRIAN D ESQ.
220 MCKENZIE AVENUE
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

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ELAM INVESTMENTS, LLC 136 MAIN STREET BIRMINGHAM, AL 35213
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHEFFCO, LLC 1431 TROUT DRIVE PANAMA CITY, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCINNIS, STERRETT P 17320 PC BCH PKWY, SUITE 107 PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/11/07-80053-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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]

1/9/07 850-249-9840

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

Date

Daytime Phone #