

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 11, 2008 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



01092008No Chg-LLC

CR2E083 (12/07)

**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 \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME ELAM INVESTMENTS, LLC  
STREET ADDRESS 136 MAIN STREET  
CITY-ST-ZIP BIRMINGHAM, AL 35213

TITLE MGRM  
NAME SHEFFCO, LLC  
STREET ADDRESS 1431 TROUT DRIVE  
CITY-ST-ZIP PANAMA CITY, FL 32459

TITLE MGRM  
NAME MCINNIS, STERRETT P  
STREET ADDRESS 17320 PC BCH PKWY, SUITE 107  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000780610  
01/15/08-80001-006 138.75

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

1/10/08

Date

850-249-9840

Daytime Phone #