2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083110

Entity Name: FOUR BROTHERS LLC

121 SMUGGLERS COVE COURT

PANAMA CITY BEACH, FL 32413 US

Address:

City-St-Zip:

FILED Jun 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 20 WEST WILD BLUEBERRY WAY SANTA ROSA BEACH, FL 32459 US **Current Mailing Address: New Mailing Address:** 20 WEST WILD BLUEBERRY WAY SANTA ROSA BEACH, FL 32459 US FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORMAN, CHRISTOPHER M 20 WEST WILD BLUEBERRY WAY SANTA ROSA BEACH, FL 32459 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GORMAN, CHRISTOPHER M Name: Name: Address: 20 WEST WILD BLUEBERRY WAY Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GORMAN, JOHN F Name: Address: 639 GULFVIEW DRIVE Address: City-St-Zip: PANAMA CITY BEACH, FL 32413 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CALLIS, BRANDON K Name: Name: 222 PALM BEACH DRIVE Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32413 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HAWKINS, WILLIAM H Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER M. GORMAN MGRM 06/08/2007