

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109748

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FOUR-MAN DEVELOPMENT, LLC

**Current Principal Place of Business:**

4006 OAK FOREST DRIVE  
PANAMA CITY, FL 32404 US

**New Principal Place of Business:**

**Current Mailing Address:**

4006 OAK FOREST DRIVE  
PANAMA CITY, FL 32404 US

**New Mailing Address:**

FEI Number: 20-5878162      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAYMON, JOSEPH H  
423 VIOLA AVE.  
PANAMA CITY, FL 32404 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: LAYMON, JOHN  
Address: 4006 OAK FOREST DRIVE  
City-St-Zip: PANAMA CITY, FL 32404 US

Title: MGRM ( ) Delete  
Name: LAYMON, JOSEPH H  
Address: 423 VIOLA AVE.  
City-St-Zip: PANAMA CITY, FL 32404 US

Title: MGRM ( ) Delete  
Name: ODOM, DOUG  
Address: 423 VIOLA AVE.  
City-St-Zip: PANAMA CITY, FL 32404 US

Title: MGRM ( ) Delete  
Name: LAWRENCE, NATHAN  
Address: 423 VIOLA AVE.  
City-St-Zip: PANAMA CITY, FL 32404 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JOHN J LAYMON

MR

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date