2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023646

Entity Name: DRUMMOND LAND COMPANY, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
2104 THOMAS DRIVE PANAMA CITY BEACH, FL 32408	

Current Mailing Address:	**New Mailing Address:**
PO BOX 27279 PANAMA CITY BEACH, FL 32411	6676 VICTORY DRIVE ACWORTH, GA 30102

FEI Number: 20-8563213   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
COUNTS, STEVE G 2104 THOMAS DRIVE PANAMA CITY BEACH, FL 32408 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:**

Title:	MGRM ( ) Delete		Title:	( ) Change ( ) Addition
Name:	COUNTS, STEVE G		Name:	
Address:	PO BOX 27279		Address:	
City-St-Zip:	PANAMA CITY, FL 32411		City-St-Zip:	

Title:	MGRM ( ) Delete		Title:	( ) Change ( ) Addition
Name:	THACKER, LARRY		Name:	
Address:	6676 VICTORY DRIVE		Address:	
City-St-Zip:	ACWORTH, GA 30102		City-St-Zip:	

Title:	MGRM ( ) Delete		Title:	( ) Change ( ) Addition
Name:	OAKES, JASON		Name:	
Address:	PO BOX 9975		Address:	
City-St-Zip:	PNAMA CITY BEACH, FL 32417		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: LARRY THACKER   MGRM   03/16/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date