2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2010
Secretary of State

DOCUMENT# L07000023646

Entity Name: DRUMMOND LAND COMPANY, LLC

Current Principal Place of Business:

2104 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

2104 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

New Mailing Address:

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

Name and Address of Current Registered Agent:

COUNTS, STEVE G
2104 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408 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
Name: COUNTS, STEVE G
Address: PO BOX 27279
City-St-Zip: PANAMA CITY, FL 32411

Title: MGRM
Name: DANIEL G. DEANA AND MISTY L. DEANA
Address: 3712 PRESERVE BAY BLVD.
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGRM
Name: RICHARD G. LARK AND SARAH P. LARK
Address: 2313 MAGNOLIA DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGRM
Name: LITTLETON, JOE M JR
Address: PO BOX 1726
City-St-Zip: PANAMA CITY BEACH, FL 32402

Title: MGRM
Name: JOHN C. WALL AND ANGELA R. WALL
Address: PO BOX 9478
City-St-Zip: PANAMA CITY BEACH, FL 32417

Title: MGRM
Name: HEALTHPOINT MEDICAL GROUP OF PCB, P.A.
Address: 12234 PANAMA CITY BEACH PARKWAY STE C
City-St-Zip: PANAMA CITY BEACH, FL 32407

I hereby 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 Statues.

SIGNATURE: STEVEN G COUNTS MGRM 03/23/2010

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