

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109439

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CBH IV, LLC

**Current Principal Place of Business:**

620 MCKENZIE AVE.  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 609  
HIXSON, TN 37343

**New Mailing Address:**

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

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

HUTTO, BILL  
620 MCKENZIE AVE.  
PANAMA CITY, FL 32401      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:                      MGR                      ( ) Delete  
Name:                      HARBOUR, C.B. II  
Address:                      620 MCKENZIE AVE.  
City-St-Zip:                      PANAMA CITY, FL 32401

**ADDITIONS/CHANGES:**

Title:                      MGR                      (X) Change ( ) Addition  
Name:                      HARBOUR, C.B. III  
Address:                      620 MCKENZIE AVE.  
City-St-Zip:                      PANAMA CITY, FL 32401

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: C.B. HARBOUR, III                      MGR                      04/28/2009

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