

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000000129

1. Entity Name
GDN NO.4, L.L.C.



Principal Place of Business
102 SUNSET LANE
SHALIMAR, FL 32579

Mailing Address
P.O. BOX 343
SHALIMAR, FL 32579



03182004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3567102

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NABORS, JAMES E
170 LONGWOOD DRIVE
SHALIMAR, FL 32579

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000105619
04/07/04-80032-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
NABORS, JAMES E
17 LONGWOOD DRIVE
SHALIMAR, FL 32579

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GILBERT, CONNIE
29 LONGWOOD DRIVE
SHALIMAR, FL 32579

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SHARILYN, DARNELL
1 LONGWOOD DRIVE
SHALIMAR, FL 32579

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 808, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/28/04

Daytime Phone # _____