

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 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**



04032006No Chg-LLC

CR2E083 (11/05)

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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
28 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

U00000505204
04/26/06-80107-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone

James E Nabors 4/6/06 850/851-2060