


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # M00000002691 1. Entity Name GORRIE HOLDINGS, LLC |  |
|--|---|

| | |
|--|---|
| Principal Place of Business 151 REGIONS WAY, STE 3D DESTIN, FL 32541 | Mailing Address 4421 COMMONS DR. EAST PMB 404 DESTIN, FL 32541 |
|--|---|



02242004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 59-3687728 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
|--|

**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**

U000000102047
U4/U2/04--80038-009 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GORRIE, M M 729 30TH STREET SOUTH BIRMINGHAM, AL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GORRIE, M JAMES 729 30TH STREET SOUTH BIRMINGHAM, AL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DARNALL, JOHN 729 30TH STREET SOUTH BIRMINGHAM, AL |
| 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)(i), 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 3/31/04 Daytime Phone # _____