


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M00000002691 1. Entity Name GORRIE HOLDINGS, LLC	
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Principal Place of Business 4399 E. COMMONS DR 3C DESTIN, FL 32541	Mailing Address 4421 COMMONS DR. EAST PMB 404 DESTIN, FL 32541
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01092007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3687728	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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, 2007**

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/07-80007-014 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 606, Florida Statutes.

SIGNATURE:  **1/9/07 850 650-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #