

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90070 023 ****50.00

20061040



04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number 71-0884540 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L02000017813
1. Entity Name
FOUR SQUARE HOLDINGS, LLC



Principal Place of Business
101 AUDUBON BLVD
NAPLES, FL 34110

Mailing Address
101 AUDUBON BLVD
NAPLES, FL 34110

2. Principal Place of Business
9220 Bonita Beach Road

3. Mailing Address
9220 Bonita Beach Road

Suite, Apt. #, etc.
Suite 200-23

Suite, Apt. #, etc.
Suite 200-23

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip 34135 Country

Zip 34135 Country

6. Name and Address of Current Registered Agent

BRACCI, STEVEN J ESQ
101 AUDUBON BLVD
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name: Steven J. Bracci
Street Address (P.O. Box Number is Not Acceptable): 9220 Bonita Beach Road
Suite 200-23
City: Bonita Springs FL Zip Code: 34135

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]* DATE: 4/24/06

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BRACCI, STEVEN J
STREET ADDRESS 101 AUDUBON BLVD
CITY-ST-ZIP NAPLES, FL 34110

TITLE MGRM ☐ Delete
NAME BRACCI, MICHELLE LIL
STREET ADDRESS 101 AUDUBON BLVD
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Bracci Steven J.
STREET ADDRESS 9220 Bonita Beach Road Suite 200-23
CITY-ST-ZIP Bonita Springs, FL 34135

TITLE MGRM ☒ Change ☐ Addition
NAME Bracci, Michelle L.
STREET ADDRESS 9220 Bonita Beach Road Suite 200-23
CITY-ST-ZIP Bonita Springs, FL 34135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date: 4/28/06 Daytime Phone #: 239-272-4500