


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000017813</b> 1. Entity Name FOUR SQUARE HOLDINGS, LLC	
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Principal Place of Business 9220 BONITA BEACH RD STE 200-23 BONITA SPRINGS, FL 34135	Mailing Address 9220 BONITA BEACH RD STE 200-23 BONITA SPRINGS, FL 34135
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03062007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 71-0884540	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BRACCI, STEVEN J ESQ 9220 BONITA BEACH RD STE 200 23 BONITA SPRINGS, FL 34135
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**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 re/instating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRACCI, STEVEN J 9220 BONITA BEACH RD STE 200-23 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRACCI, MICHELLE LIL 9220 BONITA BEACH RD STE 200-23 BONITA SPRINGS, FL 34135
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03/19/07-80018-007 50.00

**DO NOT WRITE  
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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:**  **3/6/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #