

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023851

FILED
Apr 04, 2006
Secretary of State

Entity Name: 4Q-DEP, LLC

Current Principal Place of Business:

1680 FRUITVILLE RD, STE 102
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1680 FRUITVILLE RD, STE 102
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 41-2136026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GATES, CHAD L
1680 FRUITVILLE RD, STE 102
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GATES, CHAD L
Address: 1680 FRUITVILLE RD, STE 102
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: 4Q, LLC,
Address: 1680 FRUITVILLE RD, STE 102
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: DEP MARKETING, LLC,
Address: 425 EAST MCEWEN DR
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHAD L. GATES

MGR

04/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date