


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90025 026 *****50.00

DOCUMENT # L04000085168

1. Entity Name
FOUR GUYS PROPERTY MANAGEMENT, LLC




Principal Place of Business Mailing Address
11864 SOUTHWEST 12TH PLACE **11864 SOUTHWEST 12TH PLACE**
DAVIE, FL 33325 **DAVIE, FL 33325**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



07082005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
77-0653185 Not Applicable

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

6. Name and Address of Current Registered Agent

BRUNA, ANDRE
11864 S W 12TH PLACE
DAVIE, FL 33325

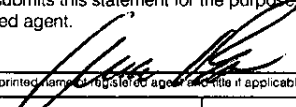
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  **ANDRE BRUNA** **9-4-05**
Signature, typed or printed name of registered agent, or title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 7, 2005 **Make check payable to Florida Department of State**


9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MUSTAPHA, ARRI	
STREET ADDRESS	11864 S W 12TH PLACE	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SANCHEZ, FRANK	
STREET ADDRESS	11864 S W 12TH PLACE	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GAVAGNI, BRETT	
STREET ADDRESS	11864 S W 12TH PLACE	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRUNA, ANDRE	
STREET ADDRESS	11864 S W 12TH PLACE	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **ANDRE BRUNA** **9-4-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #