

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055884

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** BIG BEND GROUP FOUR, L.L.C.

**Current Principal Place of Business:**

1733 WEST FLETCHER AVENUE  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

1733 WEST FLETCHER AVENUE  
TAMPA, FL 33612 US

**New Mailing Address:**

**FEI Number:** 20-2953885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DWORZANOWSKI, GREGORY W  
1733 WEST FLETCHER AVENUE  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

WALTERS, CLIFFORD L  
802 11TH STREET WEST  
BRADENTON, FL 34205 US

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: CLIFFORD L. WALTERS, PRESIDENT

04/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RICE, MITCHELL F  
Address: 1733 WEST FLETCHER AVENUE  
City-St-Zip: TAMPA, FL 33612 US

Title: MGR ( ) Delete  
Name: KEARNEY, BING  
Address: 9625 WES KEARNEY WAY  
City-St-Zip: RIVERVIEW, FL 33569 US

**ADDITIONS/CHANGES:**

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 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: MITCHELL F. RICE

MGRM

04/20/2009

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