

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090668

FILED  
Jun 18, 2008  
Secretary of State

Entity Name: FOUR STEPS LLC

**Current Principal Place of Business:**

20801 BISCAYNE BOULEVARD  
SUITE 304  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

20801 BISCAYNE BOULEVARD  
SUITE 304  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WILLIAM J. SEGAL, P.A.  
20801 BISCAYNE BOULEVARD  
SUITE #304  
AVENTURA, FL 33180 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: STEPENSKY, FABIAN  
Address: 20801 BISCAYNE BOULEVARD, #304  
City-St-Zip: AVENTURA, FL 33180 US

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

Title: MGR ( ) Delete  
Name: STEPENSKY, ILANA  
Address: 20801 BISCAYNE BOULEVARD, SUITE 304  
City-St-Zip: AVENTURA, FL 33180 US

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: FABIAN STEPENSKY

MGR

06/18/2008

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