2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L05000041833

Entity Name: 4 SQUARE PROPERTIES LLC

Current Principal Place of Business:

5180 SW HAMMOCK CREEK DRIVE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

5180 SW HAMMOCK CREEK DRIVE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 20-2671102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PISANO, MELODY
5180 SW HAMMOCK CREEK DRIVE
PALM CITY, FL 34990 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:	PISANO, MELODY	
Address:	5180 SW HAMMOCK CREEK DRIVE	
City-St-Zip:	PALM CITY, FL 34990	
Title:	MGRM	( ) Delete
Name:	GUNNING, MELAINEY	
Address:	5374 SE RUNNING OAKS CIRCLE	
City-St-Zip:	STUART, FL 34997	
Title:	MGRM	( ) Delete
Name:	DAMMERICK, JAMES	
Address:	2617 SW SOLANA LANE	
City-St-Zip:	PORT ST LUCIE, FL 34952	
Title:	MGRM	( ) Delete
Name:	MYERS, CATHY	
Address:	1134 NW 14TH STREET	
City-St-Zip:	STUART, FL 34994	

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:	
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: MELODY PISANO MGR 01/14/2009

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