

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000038378

Entity Name: TERRATRAN FOUR, LLC

**FILED**  
**Mar 27, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1042 N. US 1  
SUITE 2  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

3402 S. NOVA RD.  
PORT ORANGE, FL 32129

**Current Mailing Address:**

171 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137

**New Mailing Address:**

3402 S. NOVA RD.  
PORT ORANGE, FL 32129

FEI Number: 20-1149524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLUM, SAMUEL S ESQ  
2666 TIGERTAIL AVE, STE 106  
COCONUT GROVE, FL 33133 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: MGRM ( ) Delete  
Name: WASSERSTROM, JOSEPH R  
Address: 619 DUNWOODIE DRIVE  
City-St-Zip: CINCINNATI, OH 45230

**ADDITIONS/CHANGES:**

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: JOSEPH R. WASSERSTROM

MGRM

03/27/2009

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