# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

**FILED**
**Apr 22, 2010**
**Secretary of State**

DOCUMENT# A09000000922

**Entity Name:** FOURXA LLLP

**Current Principal Place of Business:**

923 LIDO CIRCLE
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

923 LIDO CIRCLE
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JOHNSON, RICHARD S
107 N PARTIN DRIVE
NICEVILLE, FL 32578 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

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:
Name: VAN DER WERF-KOGEL, ASTRID
Address: 923 LIDO CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Address:
City-St-Zip:

Document #:
Name: VAN DER WERF, ANJA
Address: 923 LIDO CIRCE
City-St-Zip: NICEVILLE, FL 32578

Address:
City-St-Zip:

Document #:
Name: VAN DER WERF, ALFRED
Address: 923 LIDO CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Address:
City-St-Zip:

Document #:
Name: VAN DER WERF, ADRIAN
Address: 923 LIDO CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Address:
City-St-Zip:

Document #:
Name: VAN DER WERF, DANIEL
Address: 923 LIDO CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32578

Address:
City-St-Zip:

I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: DANIEL VAN DER WERF 04/22/2010

Electronic Signature of Signing General Partner — Date