2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000002320

1. Entity Name
FOURSURE L.L.C.

Principal Place of Business	Mailing Address
28441 S. TAMIAMI TRAIL, SUITE 109 BONITA SPRINGS, FL 34134	28441 S. TAMIAMI TRAIL, SUITE 109 BONITA SPRINGS, FL 34134

DO NOT WRITE IN THIS SPACE

02272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-2360979
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
C/O QUARLES & BRADY
4501 TAMIAMI TRAIL NORTH, SUITE 300
NAPLES, FL 34103-3060

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000075762
03/03/04-80074-003 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	C
NAME	KELLY, TERRY
STREET ADDRESS	4961 TEAKWOOD DR.
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	V
NAME	HILL, HERBERT H JR.
STREET ADDRESS	19039 RIVERGREEN RD SE
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	V
NAME	TURNER, JEFFERY
STREET ADDRESS	28042 EASTBROOKE DR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	S
NAME	FLOYD, CYNTHIA
STREET ADDRESS	1190 11TH ST SW
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 3.1.04 239-992-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #