

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000002320 1. Entity Name FOURSURE L.L.C.	
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Principal Place of Business 28441 S. TAMAMI TRAIL, SUITE 109 BONITA SPRINGS, FL 34134	Mailing Address 28441 S. TAMAMI TRAIL, SUITE 109 BONITA SPRINGS, FL 34134
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DO NOT WRITE IN THIS SPACE



01272006 No Chg-LLC

CR2E063 (11/05)

4. FEI Number 59-2360979	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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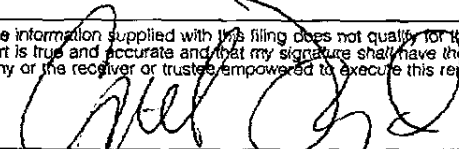
**Filing Fee is \$50.00
Due by May 1, 2006**

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

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IN THIS SPACE**

UN00000414185
02/11/06-80027-013 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	127.020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #