2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006223

Entity Name: FOUR WISHES, LTD. CO.

GARDNER, COLLETTE R

ALACHUA, FL 32615 US

THORNTON, SHANETTE P

610 RAEMAR DRIVE

MGRM

16507 NORTHWEST 141 STREET

() Delete

COLORADO SPRINGS, CO 80911 US

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 238-A NORTHEAST 1ST AVENUE HIGH SPRINGS, FL 32643 **Current Mailing Address: New Mailing Address:** 17445 N.W. 240TH TERRACE 16722 NW 212 TERRACE HIGH SPRINGS, FL 32643 US HIGH SPRINGS, FL 32643 US FEI Number: 02-0566190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEWSOME, KAREN S 12911 FOREST GLEN COURT SOUTH JACKSONVILLE, FL 32224 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete NEWSOME, KAREN S Name: Name: 12911 FOREST GLEN COURT SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 US City-St-Zip: Title: MGRM Title: MGRM (X) Change () Addition () Delete STANDIFER, KIMBLEY D Name: STANDIFER, KIMBLEY D Name: Address: 17445 N.W. 240TH TERRACE Address: 16722 NW 212 TERRACE City-St-Zip: HIGH SPRINGS, FL 32643 US City-St-Zip: HIGH SPRINGS, FL 32643 US Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: KAREN S NEWSOME MGRM 04/30/2007