

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90073 031 \*\*\*\*\*50.00

**DOCUMENT # L02000018921**

1. Entity Name  
F.R.B. FOUR, LLC



Principal Place of Business  
5709 N. OCEAN BOULEVARD  
OCEAN RIDGE, FL 33435 US

Mailing Address  
5709 N. OCEAN BOULEVARD  
OCEAN RIDGE, FL 33435 US



07132006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
55-0835448

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KIRK GRANTHAM, P.A.  
1860 FOREST HILL BOULEVARD  
105  
WEST PALM BEACH, FL 33406

**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 must be printed in ink, if required a print and title is applicable

(NOTE: Registered Agent signature required when re-stating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                |                         |
|----------------|-------------------------|
| TITLE          | MGRM                    |
| NAME           | BERNHEIM, FRED R.       |
| STREET ADDRESS | 5709 N. OCEAN BOULEVARD |
| CITY- ST- ZIP  | OCEAN RIDGE, FL 33435   |

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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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| CITY- ST- ZIP  |  |

**DO NOT WRITE  
IN THIS SPACE**

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:** *Fred Bernheim*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #