

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027610

Entity Name: FOUR SEASONS LLC

FILED  
Mar 17, 2005  
Secretary of State

**Current Principal Place of Business:**

131 ANCHOR DRIVE  
PONCE INLET, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

131 ANCHOR DRIVE  
PONCE INLET, FL 32127 US

**New Mailing Address:**

FEI Number: 43-1978843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOVERN, ROBERT W  
131 ANCHOR DRIVE  
PONCE INLET, FL 32127 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

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GOVERN, ROBERT W  
Address: 131 ANCHOR DRIVE  
City-St-Zip: PONCE INLET, FL 32127 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: TICE, PAUL  
Address: 217 VALANCE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR ( ) Change (X) Addition  
Name: BOGUTZSKI, JAKE  
Address: 831 RAILROAD STREET  
City-St-Zip: PORT ORANGE, FL 32129-384

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: BOB GOVERN

MGR

03/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date