

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000033265

1. Entity Name
FOUR POINTS VENTURE, L.L.C.



Principal Place of Business

**130 FOUR POINTS WAY
TALLAHASSEE, FL 32301**

Mailing Address

**1844 CHARDONNAY PL
TALLAHASSEE, FL 32317**



01142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PROCTOR, W. STANLEY
1844 CHARDONNAY PLACE
TALLAHASSEE, FL 32317**

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

000000273384
03/28/05-80064-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PROCTOR, P. STEWART
1844 CHARDONNAY PL
TALLAHASSEE, FL 32317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PROCTOR, WILLIAM STANLEY
1844 CHARDONNAY PL
TALLAHASSEE, FL 32317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PROCTOR, MELINDA L
1844 CHARDONNAY PL
TALLAHASSEE, FL 32317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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:

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

Date

Daytime Phone #