


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000033265</b> 1. Entity Name FOUR POINTS VENTURE, L.L.C.	
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Principal Place of Business 130 FOUR POINTS WAY TALLAHASSEE, FL 32301	Mailing Address 1844 CHARDONNAY PL TALLAHASSEE, FL 32317
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01202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  PROCTOR, W. STANLEY 1844 CHARDONNAY PLACE TALLAHASSEE, FL 32317
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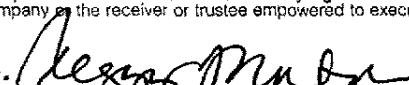
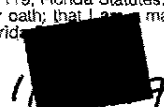
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

**Filing Fee is \$50.00  
Due by May 1, 2007**

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	

<p>U00000611575 02/02/07-80067-025 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	 <small>Date</small> 8505620000 <small>Daytime Phone #</small>