

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017514

Entity Name: FOUR STRENGTHS, LLC

FILED
Jul 07, 2006
Secretary of State

Current Principal Place of Business:

22715 CAMINO DEL MAR ROAD,
33
BOCA RATON, FL 33433

New Principal Place of Business:

22715 CAMINO DEL MAR ROAD,
42
BOCA RATON, FL 33433

Current Mailing Address:

22715 CAMINO DEL MAR ROAD,
33
BOCA RATON, FL 33433

New Mailing Address:

22715 CAMINO DEL MAR ROAD,
42
BOCA RATON, FL 33433

FEI Number: 16-1666688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHAUBAL, PARAG P MR
22715 CAMINO DEL MAR
33
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

CHAUBAL, PARAG P MR
22715 CAMINO DEL MAR
42
BOCA RATON, FL 33433 US

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: PARAG CHAUBAL

07/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHAUBAL, PARAG P
Address: 22715 CAMINO DEL MAR ROAD, SUITE 33
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHAUBAL, PARAG P
Address: 22715 CAMINO DEL MAR ROAD, SUITE 42
City-St-Zip: BOCA RATON, FL 33433

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

SIGNATURE: PARAG CHAUBAL

MGR

07/07/2006

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