

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026645

Entity Name: R4 INVESTMENTS, L.L.C.

FILED  
Mar 05, 2005  
Secretary of State

**Current Principal Place of Business:**

1180 MARY LOU LANE  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 926  
GULF BREEZE, FL 32562

**New Mailing Address:**

FEI Number: 26-4255005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOYNER, R. RANDAL  
1180 MARY LOU LANE  
GULF BREEZE, FL 32563 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: MGRM ( ) Delete  
Name: JOYNER, R. RANDAL  
Address: PO BOX 926  
City-St-Zip: GULF BREEZE, FL 32562

Title: MGRM ( ) Delete  
Name: JOYNER, ROBERT S SR  
Address: PO BOX 926  
City-St-Zip: GULF BREEZE, FL 32562

Title: MGRM ( ) Delete  
Name: JOYNER, ROY W  
Address: PO BOX 926  
City-St-Zip: GULF BREEZE, FL 32562

**ADDITIONS/CHANGES:**

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

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

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

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: R. RANDAL JOYNER

MGRM

03/05/2005

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