
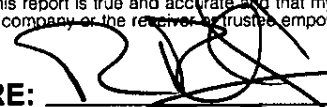


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # L03000026645 1. Entity Name R4 INVESTMENTS, L.L.C.		
Principal Place of Business 1180 MARY LOU LANE GULF BREEZE, FL 32563		Mailing Address PO BOX 926 GULF BREEZE, FL 32562
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JOYNER, R. RANDAL 1180 MARY LOU LANE GULF BREEZE, FL 32563		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOYNER, R. RANDAL PO BOX 926 GULF BREEZE, FL 32562	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOYNER, ROBERT S SR PO BOX 926 GULF BREEZE, FL 32562	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOYNER, ROY W PO BOX 926 GULF BREEZE, FL 32562	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 Statutes.		
SIGNATURE:  R. Randal Joyner MGRM 04-07-07 850-512-4171		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



04072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 26-4255005	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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04/19/07-80005-001 50.00

**DO NOT WRITE
IN THIS SPACE**