

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030036

FILED
May 02, 2007
Secretary of State

Entity Name: SALEM PROPERTIES ON FOURTH, LLC

Current Principal Place of Business:

1000 NORTH TAMIAMI TRAIL
SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1000 NORTH TAMIAMI TRAIL
SUITE 201
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-0154147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

WOOD, DOUGLAS A
1000 NORTH TAMIAMI TRAIL
SUITE 201
NAPLES, FL 34102 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FARRELL, WILLIAM
Address: 617 WAYMOUTH DR
City-St-Zip: SPARTANBURG, SC 29302

Title: MGRM () Delete
Name: THOMHILL, G O
Address: 1920 TARPON RD
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FARRELL, WILLIAM
Address: 3239 ALLENDALE STREET SW
City-St-Zip: ROANOKE, VA 24014

Title: MGRM (X) Change () Addition
Name: THORNHILL, G O
Address: 1920 TARPON RD
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM FARRELL

MGRM

05/02/2007

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