

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034061

**FILED**  
**Apr 02, 2007**  
**Secretary of State**

**Entity Name:** MOHAWK 4, LLC

**Current Principal Place of Business:**

2 WEST OAKLAND AVE STE 200  
OAKLAND, FL 34760

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1040  
OAKLAND, FL 34760

**New Mailing Address:**

**FEI Number:** 86-1082063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ETCHISON, MICHAEL J  
2 WEST OAKLAND AVE STE 200  
OAKLAND, FL 34760 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ETCHISON, MICHAEL J  
Address: 2 WEST OAKLAND AVE STE 200  
City-St-Zip: OAKLAND, FL 34760

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AMY RUTH ETCHISON RE, VOCABLE TRUST  
Address: 2 WEST OAKLAND AVE STE 200  
City-St-Zip: OAKLAND, FL 34760

Title: MGRM ( ) Change (X) Addition  
Name: MICHAEL J ETCHISON A, S TRUSTEE AMY' S TRUST  
Address: 2 WEST OAKLAND AVENUE  
City-St-Zip: OAKLAND, FL 34760

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: MICHAEL J ETCHISON

MGRM

04/02/2007

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