

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # L04000019495

1. Entity Name
PHONE-FOUR PROPERTIES, LLC



Principal Place of Business
**6634 DOLPHIN COVE DRIVE
APOLLO BEACH, FL 33572**

Mailing Address
**6634 DOLPHIN COVE DRIVE
APOLLO BEACH, FL 33572**



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1641019

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LIEBERMAN, DENISE H
6634 DOLPHIN COVE DRIVE
APOLLO BEACH, FL 33572**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JAMES F. LIEBERMAN AND DENISE H. LIEBERMAN
6634 DOLPHIN COVE DRIVE
APOLLO BEACH, FL 33572**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000586261
01/16/07-80045-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Denise H. Lieberman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/7/07

Date

813-645-1268

Daytime Phone #