

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000020341

1. Entity Name
FOUR CORNERS INVESTORS, LLC



Principal Place of Business

**8820 NE 9TH COURT
MIAMI, FL 33138**

Mailing Address

**8820 NE 9TH COURT
MIAMI, FL 33138**



01292006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**MOHAMMED, SHAMID
8820 NE 9TH COURT
MIAMI, FL 33138**

**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, 2006**

1100000417601
02/13/06-80059-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WIGGINS, JOSEPH
8820 NE 9TH COURT
MIAMI, FL 33138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MOHAMMED, SHAMID
8820 NE 9TH COURT
MIAMI, FL 33138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

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

1/29/06

Date

917-509-0737

Daytime Phone #