

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022581

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: FOUR FOLD INVESTMENTS, LLC

**Current Principal Place of Business:**

1165 TUCKAWAY DRIVE  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

1165 TUCKAWAY DRIVE  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: AMOS, CALVIN E  
Address: 1165 TUCKAWAY DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM ( ) Delete  
Name: LEONARD, MAURICE  
Address: 2801 WILEY ROAD  
City-St-Zip: MIMS, FL 32754 US

Title: MGRM ( ) Delete  
Name: NEAL, JAMES  
Address: 1780 ROCKY WOOD CIRCLE, APT. 127  
City-St-Zip: VIERA, FL 32955 US

Title: MGRM ( ) Delete  
Name: STEWART, HOWARD  
Address: 1226 SUGAR CREEK LANE  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CALVIN AMOS

MGR

04/29/2005

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