

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026296

Entity Name: FOURTH VENTURE, LLC

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

2727 FRONTAGE ROAD
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2135
HAINES CITY, FL 33845

New Mailing Address:

FEI Number: 83-0391164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, DONALD J
3480 ROE RD
HAINES CITY, FL 33844 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: MASON, DONALD J
Address: PO BOX 2135
City-St-Zip: HAINES CITY, FL 33845

Title: MGRM () Delete
Name: MASON, DEBORAH J
Address: PO BOX 2135
City-St-Zip: HAINES CITY, FL 33845 US

Title: MRGM () Delete
Name: MASON, MICHAEL J
Address: PO BOX 2135
City-St-Zip: HAINES CITY, FL 33845

Title: MGRM () Delete
Name: MASON, MATTHEW S
Address: PO BOX 2135
City-St-Zip: HAINES CITY, FL 33845 US

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 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: DONALD J MASON

MGRM

01/17/2008

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