# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 06, 2009**
**Secretary of State**

DOCUMENT# L04000026296

**Entity Name:** FOURTH VENTURE, LLC

**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 04/06/2009

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