2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000036752

1. Entity Name
4SR VENTURES II, LLC.

Principal Place of Business	Mailing Address
222 S PENNSYLVANIA AVE SUITE 200 WINTER PARK, FL 32789	222 S PENNSYLVANIA AVE SUITE 200 WINTER PARK, FL 32789

01052007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1126841
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALTSMAN, ROBERT P
222 S PENNSYLVANIA AVE SUITE 200
WINTER PARK, FL 32789

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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

000000596548
01/23/07-80083-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STRINGFELLOW, MARTIN B
STREET ADDRESS	3487 NEBO ROAD
CITY-ST-ZIP	BOULDER, CO 80302
TITLE	MGRM
NAME	STRINGFELLOW, DEBORAH L
STREET ADDRESS	8487 NEBO ROAD
CITY-ST-ZIP	BOULDER, CO 80302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____ 1/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #