

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045523

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: FOUR R, LLC

**Current Principal Place of Business:**

1350 SHEELER RD.  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

1350 SHEELER RD.  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 84-1650460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, WADE F JR  
2901 CURRY FORD RD., SUITE 212  
ORLANDO, FL 32806 US

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

ROCHE, ROBERT  
1350 SHEELER RD  
APOPKA, FL 32703 US

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: ROBERT ROCHE

04/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: ROCHE, ROBERT  
Address: 1350 SHEELER RD  
City-St-Zip: APOPKA, FL 32703

Title: MGRM ( ) Change (X) Addition  
Name: ROMAGNOLI, ROBERT  
Address: 1350 SHEELER RD  
City-St-Zip: APOPKA, FL 32703

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: ROBERT ROCHE

MGRM

04/06/2005

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