

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053604

FILED
May 20, 2008
Secretary of State

Entity Name: FOUR FREEDOMS WEDDING CHAPEL AND BED & BREAKFAST, LLC

Current Principal Place of Business:

199 NE RANGE AVE.
MADISON, FL 32340 US

New Principal Place of Business:

Current Mailing Address:

199 NE RANGE AVE.
MADISON, FL 32340 US

New Mailing Address:

FEI Number: 13-4290712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIKE, STEPHEN H
307 W DADE STREET
MADISON, FL 32340 US

Name and Address of New Registered Agent:

PIKE, HILDA R
199 NE RANGE
MADISON, FL 32340 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: H R PIKE

05/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIKE, STEPHEN H
Address: 307 WEST DADE STREET
City-St-Zip: MADISON, FL 32340

Title: MGRM () Delete
Name: PIKE, HILDA R
Address: 307 W DADE STREET
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIKE, HILDA R
Address: 199 NE RANGE AVE
City-St-Zip: MADISON, FL 32340

Title: MGRM (X) Change () Addition
Name: PIKE, STEPHEN H
Address: 199 NE RANGE AVE
City-St-Zip: MADISON, FL 32340

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: HILDA R PIKE

MGRM

05/20/2008

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