2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90022 027 ****50.00

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1. Entity Name
MESQUITA FOUR, LLC

20038424

Principal Place of Business	Mailing Address
22672 PICKEREL CIRCLE BOCA RATON, FL 33428 US	22672 PICKEREL CIRCLE BOCA RATON, FL 33428 US

03022006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
23038 Sandalfoot Plaza Dr.	23038 Sandalfoot Plaza Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Boca Raton, FL.	City & State: Boca Raton, FL.
Zip: 33428 Country: U.S.A.	Zip: 33428 Country: U.S.A.

4. FEI Number: 20-2651925 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MESQUITA, MARIO
22672 PICKEREL CIRCLE
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 21722 Fall River Drive
City Boca Raton FL Zip Code 33428

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], Mario Mesquita — 4-26-06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MESQUITA, MARIO 22672 PICKEREL CIRCLE BOCA RATON, FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mesquita, Mario 21722 Fall River Dr. Boca Raton FL. 33428	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARLINI, NATASHA 22672 PICKEREL CIRCLE BOCA RATON, FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Garlini, Natasha 21722 Fall River Dr. Boca Raton, FL. 33428	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature], Mario Mesquita 4-26-06 (561)305-4664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #