## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000086859

1. Entity Name

FOUR-FORTY OSCEOLA HOLDINGS, L.L.C.



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business

1100 ST. LUCIE WEST BOULEVARD

SUITE #105

PORT ST. LUCIE, FL 34986

Mailing Address

1100 ST. LUCIE WEST BOULEVARD

SUITE #105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

PORT ST. LUCIE, FL 34986



DO NOT WRITE IN THIS SPACE 02022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2026685 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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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.			
\$IGNATURE_	Signature, types bearinged name of registered agent and like of applicable	(NOTE. Registered Agent signature required when reinstating)  DATE	
Filing Fee is \$50.00 Due by May 1, 2006			
9,	MANAGING MEMBERS/MANAGERS		
ntle Name Street address City-St-Zip	MGRM IOANNIDES, TIM 1100 ST LUCIE WEST BLVD SUITE 105 PORT SAINT LUCIE, FL 34986	U00000509620	<b>.</b>
TITLE NAME STREET ADDRESS CITY+ST-ZIP		04/28/06-80050-023 50.00	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			=
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature sitality company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information half have the same legal effect as if made under oath, that I am a managing member or manager of cute this report as required by Chapter 608, Florida Statutes.	ation f the