

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000086859

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** FOUR-FORTY OSCEOLA HOLDINGS, L.L.C.

**Current Principal Place of Business:**

140 S.W. CHAMBER COURT, SUITE 200  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

140 S.W. CHAMBER COURT  
SUITE 200  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

140 S.W. CHAMBER COURT, SUITE 200  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

140 S.W. CHAMBER COURT  
SUITE 200  
PORT ST. LUCIE, FL 34986

**FEI Number:** 20-2026685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** IOANNIDES, TIM M.D.  
**Address:** 140 S.W. CHAMBER COURT, SUITE 200  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

I hereby 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: TIM IOANNIDES

MGRM

04/27/2011

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