


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90306 001 \*\*\*100.00

|   |   |
|---|---|
| <b>DOCUMENT # L04000089381</b><br>1. Entity Name<br><b>FOUR SEASONS MANAGERS, LLC</b> |  |
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|   |   |
|---|---|
| Principal Place of Business<br><b>C/O DENNIS FULLER<br/>536 NORTH MONROE STREET<br/>TALLAHASSEE, FL 32301</b> | Mailing Address<br><b>C/O DENNIS FULLER<br/>536 NORTH MONROE STREET<br/>TALLAHASSEE, FL 32301</b> |
|---|---|

**30005981**



04182006 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number<br><b>20-1999759</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

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| 6. Name and Address of Current Registered Agent<br><br><b>FULLER, DENNIS<br/>536 NORTH MONROE STREET<br/>TALLAHASSEE, FL 32301</b> |
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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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|---|------------|

**Filing Fee is \$50.00  
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>FULLER, DENNIS<br/>536 NORTH MONROE STREET<br/>TALLAHASSEE, FL 32301</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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| 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.<br><br><b>SIGNATURE:</b>  <b>Dennis R. Fuller</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <b>4/18/06</b><br><small>Date</small> | <b>850<br/>2059025</b><br><small>Daytime Phone #</small> |
|--|---------------------------------------|--|