

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90022 001 \*\*\*138.75

60000837



01072008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000089381</b> 1. Entity Name <b>FOUR SEASONS MANAGERS, LLC</b>					
Principal Place of Business <b>C/O DENNIS FULLER</b> <b>536 NORTH MONROE STREET-</b> <b>TALLAHASSEE, FL 32301</b>			Mailing Address <b>C/O DENNIS FULLER</b> <b>536 NORTH MONROE STREET</b> <b>TALLAHASSEE, FL 32301</b>		
2. Principal Place of Business - No P.O. Box # <b>117 E. GEORGIA ST.</b>		3. Mailing Address <b>117 E. GEORGIA ST.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>TALLAHASSEE, FL</b>		City & State <b>TALLAHASSEE, FL</b>		4. FEI Number <b>20-1999759</b>	
Zip <b>32301</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FULLER, DENNIS</b> <b>536 NORTH MONROE STREET</b> <b>TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLER, DENNIS 117 EAST GEORGIA ST TALLAHASSEE, FL 32301		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____			1/8/08 852-205-4025		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		