2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 18, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L050000020 E FOUR, L.L.C.			07-18-2005 9	90108 031 ****50	0.00		
Principal Place of Business Mailing Address					1			
955 S.W. 219	ST WAY	955 S.W. 21ST WAY						
BOCA RATON	l, FL 33486	BOCA RATON, FL. 33486						
					I FRANKUR UKI	ETIAN CHIR TEN CTIC ETAN	ARIEL ARIER HERM RITTO LATER LET	176) (T) (177)
2. Principal Pr	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07132005	Chg-LLC	CR2E083 (10/03)	
City & State	Э	City & State			4. FEI Numbe	742988		plied For Applicable
Zip	Country	Zip	p Country			of Status Desired	S5.00 Add	
	6. Name and Address of Current F	7. Name and Address of New Registered Agent						
FUMAGALI, OSCAR				Name				
955 S.W. 2		Street Address		P.O. Box Number	r is Not Acceptable))		
BOCA RAT	TON, FL 33486							
				City			FL Zip Cod	e
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, typed or printed name of registered agent and idle if applicable. (NOTE: Registered Agent algorithm required when reinstating) DATE								
Fil Due b	ing Fee is \$50.00 by September 7, 2005	· -				check payable to Department of State	•	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGR	☐ Delete					Change	Addition
NAME STREET ADDRESS	FUMAGALI, OSCAR 955 S.W. 21ST WAY		NAM	E Et adoress				
CITY-ST-ZIP	BOCA RATON, FL 33486			-ST-ZIP				
IIITE .	MGRM	☐ Delete	TITLE	:			☐ Change	Addition .
NAME	STORCH, ROBERT		NAM	E				_
STREET ADDRESS	2225 SW 16TH PLACE			ET ADDRESS				
CITY-ST-ZIP			-	-ST-ZIP		 	P3 a:	
TITLE NAME	LEE, ERIC	☐ Delete	TITLE				Change	Addition
STREET ADDRESS	901 PARKSIDE CIRCLE NORTH	•		ET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY	-ST-ZIP				
TITLE	MGRM	☐ Delete	IIIL				☐ Change	☐ Addition
NAME STREET ADDRESS	BRACKETT, STEVEN 930 PARKSIDE CIRCLE NORTH		NAM	E Et address				
CITY-ST-ZIP	BOCA RATON, FL 33486			-ST-ZIP				
TITLE		☐ Delete	TITLE	:		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			NAM	E				_
STREET ADDRESS City-St-23P				ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	πυ				☐ Change	☐ Addition
NAME			HAM				Ct Averige	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 terexecute this report as required by Chapter 608, Florida Statutes.								