


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000016757 1. Entity Name FOUR TOWNES FLORIST, LLC	
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Principal Place of Business 1810 SOUTH VOLUSIA AVE STE C & D ORANGE CITY, FL 32763 US	Mailing Address 1810 SOUTH VOLUSIA AVE STE C & D ORANGE CITY, FL 32763 US
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3493207	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, CAROL M
1810 SOUTH VOLUSIA AVE
STE C & D
ORANGE CITY, FL 32763

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARSHALL, CAROL M 1810 SOUTH VOLUSIA AVE STE C & D ORANGE CITY, FL 32763
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04/05/07-80016-011 50.00

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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.

SIGNATURE: Carol M. Marshall 3-26-07 386-775-8223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #