

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021559

FILED
Jan 08, 2008
Secretary of State

Entity Name: FRIENDS 4, LLC

Current Principal Place of Business:

206 LAKEWOOD DR.
BRADENTON, FL 34210

New Principal Place of Business:

Current Mailing Address:

206 LAKEWOOD DR.
BRADENTON, FL 34210

New Mailing Address:

FEI Number: 20-2426905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDMAN, MARC H
3908 26TH STREET WEST
BRADENTON, FL 34205 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 () Delete
Name: FRANCES OKAL,
Address: 206 LAKEWOOD DR
City-St-Zip: BRADENTON, FL 34210

Title: MGRM () Delete
Name: JOHN OKAL,
Address: 206 LAKEWOOD DR
City-St-Zip: BRADENTON, FL 34210

Title: MGRM () Delete
Name: MARGIE THOMPSON,
Address: 209 LAKEWOOD DR
City-St-Zip: BRADENTON, FL 34210

Title: MGRM () Delete
Name: PATRICK THOMPSON,
Address: 209 LAKEWOOD DR
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PATRICK THOMPSON

MR

01/08/2008

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