

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000026367 1. Entity Name JUST THE FOUR OF US, LLC						FILED 07 MAY 14 PM 1:31 HALL COUNTY CLERK TALLAHASSEE, FLORIDA	
Principal Place of Business 8390 N.W. 53RD STREET, SUITE 210 MIAMI, FL 33166				Mailing Address 2665 S. BAYSHORE DR. SUITE 703 MIAMI, FL 33133			
2. Principal Place of Business - No P.O. Box # 9831 N.W. 58th Street				3. Mailing Address Suite, Apt. #, etc. City & State Zip			
Suite, Apt. #, etc. Unit #131				Suite, Apt. #, etc. City & State Zip			
City & State Doral, FL				City & State Zip			
Zip 33178				Country USA			
Country USA				4. FEI Number 20-2516661			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable			
6. Name and Address of Current Registered Agent POLANSKY, MITCHELL S ESQ. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMOS, FRANCISCO A 3162 S.W. 173RD TERRACE MIRAMAR, FL 33029 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$35122</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMOS, ANA M 3162 S.W. 173RD TERRACE MIRAMAR, FL 33029 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900103531359 05/30/07--01032--018 **\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.							
Signature: <i>Francisco A. Ramos</i> Date: <i>5/2/07</i> Daytime Phone #: <i>(305) 477-9906</i>							