


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-09-2007 90028 010 ****50.00

DOCUMENT # L05000029855			
1. Entity Name FOUR OAKS SUBS, LLC			
Principal Place of Business 3102 ORTEGA DRIVE TALLAHASSEE FL 32312		Mailing Address 3102 ORTEGA DRIVE TALLAHASSEE FL 32312	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number AP-PLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		1st MOORE CR2E083 (10/06) 20-2566539 \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGREGOR, RUSSELL M 3102 ORTEGA DRIVE TALLAHASSEE FL 32312		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		DATE	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when re-registering)	
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MCGREGOR, RUSSELL M 3102 ORTEGA DRIVE TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Russell M. McGregor</i>		Date: 4/26/07	Daytime Phone #: 850-396-5869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #