

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 27, 2006 8:00 am
Secretary of State

04-14-2006 90033 017 ****50.00

DOCUMENT # L05000030497					
1. Entity Name BULLARD 4TH STREET EQUITY FUND, LLC					
Principal Place of Business 2325 ULMERTON ROAD 20 CLEARWATER, FL 33762			Mailing Address 2325 ULMERTON ROAD 20 CLEARWATER, FL 33762		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03142006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 26-0121168				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, GREG 2325 ULMERTON ROAD 20 CLEARWATER, FL 33762			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 4/1/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BULLARD, FRED JR 2325 ULMERTON ROAD, SUITE 20 CLEARWATER, FL 33762		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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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:			Date 4/1/06 Daytime Phone 727-576-6424		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					