### 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

#### DOCUMENT # L05000030497

BULLARD 4TH STREET EQUITY FUND, LLC



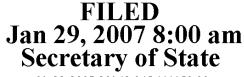
Principal Place of Business

Mailing Address

2325 ULMERTON ROAD CLEARWATER, FL 33762 2325 ULMERTON ROAD

20

CLEARWATER, FL 33762



01-29-2007 90143 045 \*\*\*\*50.00

60010030



01032007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 26-0121168 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, GREG 2325 ULMERTON ROAD

CLEARWATER, FL 33762

DO NOT WRITE IN THIS SPACE

	Signature, typed or printed pame of registered agent and title if applicable.	(NOTE: Registered Agent signature required when registating)	DATE
SIGNATURE			
the oblig	ations of registered agent.		
		ng its registered office or registered agent, or both, in the state of monda,	i am iamiliar with, and accept

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

9. MANAGING MEMBERS/MANAGERS			
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	MGR MORRIS, GREGORY D 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762		
TITLE NAME STREET ADDRESS CITY-S1-ZiP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filting does not qualify for the			

# DO NOT WRITE IN THIS SPACE

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.

GRETORY D. MORRIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

727-576-6421

Daytime Phone #