

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90027 023 ***138.75

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

60038628



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03262008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
26-0121168

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 CFRA LLC
Street Address (P.O. Box Number is Not Acceptable)
4221 W Bay Scout Blvd, 10th Floor
City Tampa FL Zip Code 33607

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 CFRA, LLC

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BULLARD, FRED JR
STREET ADDRESS 2325 ULMERTON ROAD, SUITE 20
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE MGR ☐ Delete
NAME MORRIS, GREGORY D
STREET ADDRESS 2325 ULMERTON ROAD SUITE 20
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE MGRM ☐ Delete
NAME BULLARD, FRED III
STREET ADDRESS 2325 ULMERTON ROAD SUITE 20
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/29/08 727-576-6424