

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041833

Entity Name: 4 SQUARE PROPERTIES LLC

FILED  
Mar 05, 2008  
Secretary of State

**Current Principal Place of Business:**

5180 SW HAMMOCK CREEK DRIVE  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

5180 SW HAMMOCK CREEK DRIVE  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 20-2671102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PISANO, MELODY  
5180 SW HAMMOCK CREEK DRIVE  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PISANO, MELODY  
Address: 5180 SW HAMMOCK CREEK DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: MGR ( ) Delete  
Name: GUNNING, MELAINEY  
Address: 5374 SE RUNNING OAKS CIRCLE  
City-St-Zip: STUART, FL 34997

Title: MGR ( ) Delete  
Name: DAMMERICK, JAMES  
Address: 2617 SW SOLANA LANE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PISANO, MELODY  
Address: 5180 SW HAMMOCK CREEK DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM (X) Change ( ) Addition  
Name: GUNNING, MELAINEY  
Address: 5374 SE RUNNING OAKS CIRCLE  
City-St-Zip: STUART, FL 34997

Title: MGRM (X) Change ( ) Addition  
Name: DAMMERICK, JAMES  
Address: 2617 SW SOLANA LANE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGRM ( ) Change (X) Addition  
Name: MYERS, CATHY  
Address: 1134 NW 14TH STREET  
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MELODY G PISANO

MGR

03/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date