2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000060986



FILED Apr 17, 2006 8:00 am Secretary of State

1. Entity Nam FOURSC	ne)ME II, LL(С					04-17-2006 90	•	***50.00)
Principal Place of Business 3641 WEST KENNEDY BOULEVARD SUITE A TAMPA, FL 33609			Mailing Address 3641 WEST KENNEDY BOULEVARD SUITE A TAMPA, FL 33609			1 50 0 51 0 11 0 11	 11:5 11:11 11:11 11: 11 1	111 66 1 8 11 66 1	IBIEI IBIBE BIK	SOI III ISBI
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04102006	Chg-LLC	CR2E083	3 (11/05)		
City & State			City & State		4. FEI Numb	0722P8		-	plied For t Applicable	
Zip	Country		Zip Country		itry		of Status Desired		5.00 Add	
	6. Name	and Address of Current R	legistered Agent			7. Name and	Address of New I	Registered Ag	ent	
					Name					
LEVY, CLIFF 3641 WEST KENNEDY BOULEVARD SUITE A					Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL FL										
					City			FL	Zip Code	
8. The above the obligat	e named entity tions of registe	submits this statement for ered agent.	the purpose of changing its	registere	ed office or regist	ered agent, or bo	th, in the State of Fl	orida. I am fan	niliar with,	and accept
SIGNATURE	Signature, byged o	or printed name of registered agent an	nd title if equilicable (NOTE	- Registerer	d Agent signature requir	ad when reinstation?		DATE		
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Filing Fee is \$50.00 Due by May 1, 2006								ke check pay a Departmen		1
9.		MANAGING MEMBER	I	10.			ADDITIONS	/CHANGES		
TITLE	MGR	•	☐ Delete	TITLE	:				Change	Addition
NAME	LEVY, CLI	FF		NAM	I			_	_ busingo	
STREET ADDRESS	3641 WES	T KENNEDY BOULEVA	RD - SUITE A STRE		ET ADDRESS					
CITY-ST-ZIP	TAMPA, F	L 33609		CITY	-ST-ZIP					
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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 legelever or trusteet empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE)

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

CLIFF LEVY

Alizlop

<u> (8B)353-2220</u>