

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90087 027 ****50.00

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DOCUMENT # L05000061149 1. Entity Name 4 GREAT GUYS, LLC					
Principal Place of Business 5681 WHISPERING OAKS DRIVE 34287, FL			Mailing Address 5681 WHISPERING OAKS DRIVE NORTH PORT, FL 34287		
2. Principal Place of Business - No P.O. Box # <u>5350 Pine Shadow Lane</u> Suite, Apt. #, etc.		3. Mailing Address <u>5350 Pine Shadow Lane</u> Suite, Apt. #, etc.			
City & State <u>North Port, FL</u>		City & State <u>NORTH PORT</u>		4. FEI Number 76-0801396	
Zip <u>34287</u>		Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent POULIN, GERALD 5681 WHISPERING OAKS DRIVE NORTH PORT, FL 34287				7. Name and Address of New Registered Agent Name <u>RONALD E. BERGHOFF</u> Street Address (P.O. Box Number is Not Acceptable) <u>5350 Pine Shadow Lane</u> City <u>North Port</u> <u>FL</u> Zip Code <u>34287</u>	
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 <u>Ronald E. Berghoff</u> <u>Ronald E. BERGHOFF</u> DATE <u>1-22-07</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POULIN, GERALD 5681 WHISPERING OAKS DRIVE NORTH PORT, FL 34287			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGHOFF, RON 5350 PINE SHADOW LAND NORTH PORT, FL 34287			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALUMBO, WILLIAM 5241 PINE SHADOW LANE NORTH PORT, FL 34287			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HETHERINGTON, RAY 5241 PINE SHADOW LANE NORTH PORT, FL 34287			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank] [Blank] [Blank]			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank] [Blank] [Blank]			<input type="checkbox"/> Delete	TITLE 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: <u>Ronald E. Berghoff</u> <u>Ronald E. BERGHOFF</u>				Date <u>1-22-07</u> Daytime Phone # <u>(41) 423-3083</u>	