
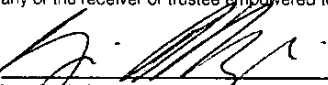


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90023 012 ****50.00

DOCUMENT # L05000068505 1. Entity Name FOUR POINTS, LLC					
Principal Place of Business 1298 N. PALM AVENUE SARASOTA, FL 34236			Mailing Address 1298 N. PALM AVENUE SARASOTA, FL 34236		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MIGLIORINI, GIOVANNI 1298 N. PALM AVENUE SARASOTA, FL 34236				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIGLIORINI, GIOVANNI 1298 N. PALM AVENUE SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIOVANNI MIGLIORINI 1298 N. PALM AVENUE SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: 			Date 4-26-06 Daytime Phone # 941-366-5648		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT

20035589
#LO 5000068505

LAW OFFICES OF
DUNLAP & MORAN, P.A.

SUITE 700
1990 MAIN STREET
SARASOTA, FLORIDA 34236
POST OFFICE BOX 3948
SARASOTA, FLORIDA 34230-3948
TELEPHONE 941-366-0115
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April 24, 2006

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ALSO LICENSED IN
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‡ OF COUNSEL
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** ALSO LICENSED IN MICHIGAN

8755-2

Division of Corporations
Post Office Box 6478
Tallahassee, FL 32314

Re: **FOUR POINTS, LLC**

Dear Sir/Madam:

Enclosed herewith for filing is the 2006 Limited Liability Annual Report, in connection with the above-referenced limited liability company.

Also, **enclosed** please find a check in the amount of \$50.00, representing payment of your filing fee.

If you have any questions with regard to this letter and/or the enclosure, please do not hesitate to contact me.

Very truly yours,

DUNLAP & MORAN, P.A.


Ryan A. Featherstone, Esq.

RAF:8755-2/Ltr - Div of Corp - An Rpt filing
Enclosures