

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068505

FILED
Apr 29, 2009
Secretary of State

Entity Name: FOUR POINTS, LLC

Current Principal Place of Business:

1409 MAIN STREET
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1409 MAIN STREET
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-3157286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIRAS, CARLO
1409 MAIN STREET
SARASOTA, FL 34236 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: PIRAS, CARLO
Address: 1409 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: CARTA, DINO
Address: 1409 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: BARONI, DANIELE
Address: 1409 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: ROSSI, ALESSANDRO
Address: 1409 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: MIGLIORINI, GIOVANNI
Address: 1409 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARLO PIRAS

MGRM

04/29/2009

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