## **FILED** 2007 LIMITED LIABILITY COMPANY May 01, 2007 8:00 am Secretary of State · --- ANNUAL REPORT **DOCUMENT # L05000071070** 05-01-2007 90325 014 \*\*\*\*50.00 1. Entity Name FORT PIERCE NO.4, LLC Principal Place of Business Mailing Address 2101 N.W. 110TH AVE. 2101 N.W. 110TH AVE. MIAMI, FL 33172 MIAMI, FL 33172 04272007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-3167812 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONATHAN H. GREEN & ASSOCIATES, P.A. DO NOT WRITE 799 BRICKELL PLAZA SUITE 700 MIAMI, FL 33131 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating)

Filling Fee is \$50,00 Due by May 1, 2007

9	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAG LIMITED PARTNERSHIP 2101 NW 110TH AVE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with the filing does not quality for the ex

## DO NOT WRITE IN THIS SPACE

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 signal pry 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE AND TYPED OR PRINTED HAME OF S

ER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

Applied For Not Applicable