2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074902

ESPIN, DANYNE L

City-St-Zip: WALDO, FL 32694

17401 NE 114TH AVE

Name:

Address:

Entity Name: 4 CORNERS PROPERTIES, LLC

FILED May 09, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
17401 NE WALDO, F	114TH AVE FL 32694		
Current Mailing Address:		New Mailing Address:	
P.O. BOX EARLETO	77 N, FL 32631		
In accordan	r: 20-3271570 FEI Number Applied For () ace with s. 607.193(2)(b), F.S., the limited liability co d Address of Current Registered Agent:		
ESPIN, DA 17401 NE WALDO, F	114TH AVE		
	e named entity submits this statement for the e of Florida.	purpose of changing its req	gistered office or registered agent, or both
SIGNATU	RE:		
Electronic Signature of Registered		Agent Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete CALVO, CARLOS R 1035 NE 119TH ST BISCAYNE PARK, FL 33161	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete CALVO, KERMITH CALLE 25 DE JULIO #145 SUITE #2 YAUCO, PR 00698	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete ESPIN, MARIO A 17401 NE 114TH AVE WALDO, FL 32694	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGRM () Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIO ESPIN MGRM 05/09/2007