

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089784

Entity Name: 4 FOOT UP, LLC

FILED  
Jan 19, 2006  
Secretary of State

**Current Principal Place of Business:**

1200 PLANTATION ISLAND DRIVE  
SUITE 230  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

1200 PLANTATION ISLAND DRIVE  
SUITE 230  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 20-3449329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PLATT, BENJAMIN L  
1200 PLANTATION ISLAND DRIVE  
SUITE 230  
SAINT AUGUSTINE, FL 32080 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: PLATT, BENJAMIN L  
Address: 913 SANDY BEACH CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: MGRM ( ) Delete  
Name: WOODARD, CLAYTON E SR  
Address: PO BOX 320  
City-St-Zip: WHITE SPRINGS, FL 32096

**ADDITIONS/CHANGES:**

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 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: BENJAMIN L PLATT

MGRM

01/19/2006

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