

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000093919**

1. Entity Name  
**FOUR WALLS, LLC**



Principal Place of Business  
**233 NORTH MAIN STREET  
RANDOLPH, MA 02368**

Mailing Address  
**233 NORTH MAIN STREET  
RANDOLPH, MA 02368**



03222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0804361**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

**A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351**

**DO NOT WRITE  
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUSTIN, ROBERT B 233 NORTH MAIN STREET RANDOLPH, MA 02368
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, SCOTT 233 NORTH MAIN STREET RANDOLPH, MA 02368
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUSTIN, SUSSAN 233 NORTH MAIN STREET RANDOLPH, MA 02368
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, CARRIE 233 NORTH MAIN STREET RANDOLPH, MA 02368
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000679015  
04/03/07-80021-013 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Robert B Austin*

*3/22/07*

Date

*781-801-0146*

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*3/22/07 MGRM to w/85-*