


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

3/ **FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**


03-07-2008 90225 039 \*\*\*138.75

<b>DOCUMENT # L05000093919</b> 1. Entity Name <b>FOUR WALLS, LLC</b>	
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Principal Place of Business <b>233 NORTH MAIN STREET RANDOLPH, MA 02368</b>	Mailing Address <b>233 NORTH MAIN STREET RANDOLPH, MA 02368</b>
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**DO NOT WRITE IN THIS SPACE**

**30003288**



02282008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>76-0804361</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**AIA REGISTERED AGENT, INC**  
**5647 110 AVE NORTH**  
**ROYAL PALM BEACH, FL 33411**

**DO NOT WRITE IN THIS SPACE**

8. I, the undersigned, certify that 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 *Robert B. Austin*      DATE 2/28/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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	

**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 118, 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*      Date 2/28/08      Daytime Phone # 781-963-2800

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