2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 28, 2008 08:00 A Secretary of State

	ANNUAL RE	PURI	
DOCUMENT#	L05000101555		_

1. Entity Name
FOUR WORD MOTION LLC

Principal Place of Business

2856 DOE RUN TRAIL ORANGE CITY, FL 32763 Mailing Address

2856 DOE RUN TRAIL ORANGE CITY, FL 32763

	na se se santa finazione de congra		03132008 No Chg-LLC CR2E083 (12/07)	
DO NOT WRITE IN THIS SPACE		4. FEI Number Applied For 83-0441061 Not Applicable		
	and the second s		5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name and Address of Current Registered Agent ILTON RUN TRAIL CITY, FL 32763	and the second	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 a				
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000872913 04/10/08-80057-003 138.75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	MGR WORD, MILTON J 2856 DOE RUN TRAIL ORANGE CITY, FL 32763			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		grande de la companya	and the state of t	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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 two and observate 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 of the receipt of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP —
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/18/08

Daytime Phone #