2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# L05000104839

Entity Name: PACKETT FOUR LLC

Current Principal Place of Business:

510 LONE PALM DRIVE
LAKELAND, FL 33801 US

New Principal Place of Business:

510 LONE PALM DRIVE
LAKELAND, FL 33815 US

Current Mailing Address:

510 LONE PALM DRIVE
LAKELAND, FL 33801 US

New Mailing Address:

510 LONE PALM DRIVE
LAKELAND, FL 33815 US

FEI Number: 20-3681284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PACKETT, DOLORES
510 LONE PALM DRIVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

PACKETT, DOLORES
510 LONE PALM DRIVE
LAKELAND, FL 33815 US

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: DOLORES PACKETT 03/17/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PACKETT, DOLORES
Address: 510 LONE PALM DRIVE
City-St-Zip: LAKELAND, FL 33801 US

Title: MGR ( ) Delete
Name: PACKETT, JACK
Address: 510 LONE PALM DRIVE
City-St-Zip: LAKELAND, FL 33801 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PACKETT, DOLORES
Address: 510 LONE PALM DRIVE
City-St-Zip: LAKELAND, FL 33815 US

Title: MGR (X) Change ( ) Addition
Name: PACKETT, JACK
Address: 510 LONE PALM DRIVE
City-St-Zip: LAKELAND, FL 33815 US

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.

SIGNATURE: DOLORES PACKETT MGR 03/17/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date