

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107685

FILED  
Jan 06, 2008  
Secretary of State

Entity Name: FOURJE' INVESTMENTS, LLC

**Current Principal Place of Business:**

6525 MARIANA DR.  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

6525 MARIANA DR.  
PENSACOLA, FL 32504

**New Mailing Address:**

FEI Number: 20-3723153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALLACE, ANDREA L  
6525 MARIANA DR.  
PENSACOLA, FL 32504 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: WALLACE, ANDREA L  
Address: 6525 MARIANA DR.  
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM ( ) Delete  
Name: MOORE, JAMIE R  
Address: 3010 WOODBURY CR.  
City-St-Zip: CANTONMENT, FL 32533 US

Title: MGRM ( ) Delete  
Name: WIGGINS, JODI A  
Address: 6525 MARIANA DR.  
City-St-Zip: PENSACOLA, FL 32504 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: ANDREA WALLACE

MGRM

01/06/2008

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