

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004041

FILED  
Aug 12, 2009  
Secretary of State

Entity Name: 4 PROPHETS, L.L.C.

## Current Principal Place of Business:

3110 1ST AVENUE N.  
STE. 5W  
ST. PETERSBURG, FL 33713

## New Principal Place of Business:

3030 59TH STREET  
ST. PETERSBURG, FL 33712

## Current Mailing Address:

3110 1ST AVENUE N.  
STE. 5W  
ST. PETERSBURG, FL 33713

## New Mailing Address:

1616 PLANTATION DRIVE  
MARION, SC 29571

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ROUSON, DARRYL E  
3110 1ST AVENUE N.  
STE. 5W  
ST. PETERSBURG, FL 33713 US

## Name and Address of New Registered Agent:

ROUSON, DARRYL E  
3030 59TH STREET  
ST. PETERSBURG, FL 33712 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:

08/12/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BAUMAN, MARK  
Address: 5545 NETHERLAND AVENUE, #3-C  
City-St-Zip: BRONX, NY 104771

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BAUMAN, MARK  
Address: 1616 PLANTATION DRIVE  
City-St-Zip: MARION, SC 29571

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: MARK BAUMAN

MGRM

08/12/2009

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