

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050981

FILED
Mar 03, 2009
Secretary of State

Entity Name: ELLIOTT'S APARTMENTS # 4, LLC

Current Principal Place of Business:

19970 WILKINSON LEAS ROAD
TEQUESTA, FL 33469 US

New Principal Place of Business:

113-115 TALMADGE STREET
POUGHKEEPSIE, NY 12601 US

Current Mailing Address:

19970 WILKINSON LEAS ROAD
TEQUESTA, FL 33469 US

New Mailing Address:

FEI Number: 26-4360186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LISA, KELLER M
19970 WILKINSON LEAS RD
JUPITER, FL 33469 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: ELLIOTT, SANDRA L
Address: 19970 WILKINSON LEAS ROAD
City-St-Zip: TEQUESTA, FL 33469 US

Title: MGRM () Delete
Name: ELLIOTT, ERNEST F
Address: 19970 WILKINSON LEAS ROAD
City-St-Zip: TEQUESTA, FL 33469 US

Title: MGRM () Delete
Name: KELLER, LISA M
Address: 19970 WILKINSON LEAS ROAD
City-St-Zip: TEQUESTA, FL 33469 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: LISA KELLER

MGRM

03/03/2009

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