

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080754

FILED  
Feb 11, 2007  
Secretary of State

Entity Name: FOUR POINTS CONSULTING, LLC

**Current Principal Place of Business:**

19108 CENTRE ROSE BLVD.  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

19108 CENTRE ROSE BLVD.  
LUTZ, FL 33558

**New Mailing Address:**

FEI Number: 20-5378311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: DODGEN, PATRICIA A  
Address: 19108 CENTRE ROSE BLVD  
City-St-Zip: LUTZ, FL 33558

Title: MGRM ( ) Change (X) Addition  
Name: EMERSON, DALE S  
Address: 19108 CENTRE ROSE BLVD  
City-St-Zip: LUTZ, FL 33558

Title: MGRM ( ) Change (X) Addition  
Name: ROM, CARLOS JR  
Address: 169 DEL PARQUE ST  
City-St-Zip: SAN JUAN, PR 00911

Title: MGRM ( ) Change (X) Addition  
Name: ROSSY, HECTOR  
Address: 169 DEL PARQUE ST  
City-St-Zip: SAN JUAN, PR 00911

I hereby certify that the information supplied with this filing does not qualify for the 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: DALE S. EMERSON

MGRM

02/11/2007

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