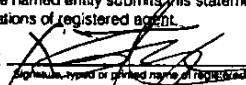
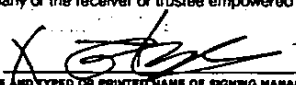


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

1 Mar 05, 2008 8:00 am
Secretary of State

01-22-2008 90120 006 ***138.75

DOCUMENT # L07000088630 1. Entity Name 4D STORE, LLC.					
Principal Place of Business 3037 PHILIPS HWY JACKSONVILLE, FL 32207			Mailing Address 3037 PHILIPS HWY JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0091849 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				01162008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BUTA, TESFAYE A 8402 WATERMILL BLVD JACKSONVILLE, FL 32244			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) 2/28/08 DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTA, TESFAYE A 8402 WATERMILL BLVD JACKSONVILLE, FL 32244 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM / MGR BUTA, TESFAYE A. 8402 WATERMILL BLVD. JACKSONVILLE, FL 32244 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELAY, ALMAZ A 8402 WATERMILL BLVD JACKSONVILLE, FL 32244 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM / MGR BELAY, ALMAZ A. 8402 WATERMILL BLVD. JACKSONVILLE, FL 32244 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			1/17/08 (904) 358-0808		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		