

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000105898

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** FOUR ACRE BEACH PROPERTY, LLC

**Current Principal Place of Business:**

140 SW CHAMBER CT  
STE 200  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

140 SW CHAMBER COURT  
SUITE 200  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

140 SW CHAMBER CT  
STE 200  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 27-1270976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 E PARK AVE  
TALLAHASSEE, FL 32301 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: MGR  
Name: IOANNIDES, TIM M.D.  
Address: 140 SW CHAMBER CT, STE 200  
City-St-Zip: PORT ST LUCIE, FL 34986 US

I hereby 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: TIM IOANNIDES

MGR

04/27/2011

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