# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 17, 2009**
**Secretary of State**

DOCUMENT# L94000000352

**Entity Name:** 4-M MANAGEMENT, L.C.

**Current Principal Place of Business:**

3120 WINKLER AVE EXT
#30
FT. MYERS, FL 33966

**New Principal Place of Business:**

3120 WINKLER AVE EXT
#30
FT. MYERS, FL 33916

**Current Mailing Address:**

P.O. BOX 6986
FT. MYERS, FL 33911

**New Mailing Address:**

**FEI Number: 65-0513077** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

MAUTE, WILLIAM R III
3120 WINKLER AVE EXT
#30
FT. MYERS, FL 33966 US

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

MAUTE, WILLIAM R III
3120 WINKLER AVE EXT
#30
FT. MYERS, FL 33916 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: _____ 01/17/2009
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: MAUTE, WILLIAM R III
Address: 3120 WINKLER AVE EXT #30
City-St-Zip: FT. MYERS, FL 33966

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: MAUTE, WILLIAM R III
Address: 3120 WINKLER AVE EXT #30
City-St-Zip: FT. MYERS, FL 33916

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: WILLIAM R. MAUTE III MR 01/17/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date