2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## FILED DOCUMENT # L98000002140 2004 NOV -2 PM 3: 46 1. Entity Name FOUR CORNERS, LLC IDIVIDION OF CORPORATIONS ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1107 SHADY RUN LANE 215 NORTH EOLA DRIVE MAITLAND, FL 32751 ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/03) 09202004 Chg-LLC City & State City & State 4. FEI Number Applied For 59-3537002 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOROVITZ, AARON J Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO, FL 32801 City 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. Make check payable to Amended AR is \$50.00 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR THEF X Delete TITLE MGR INSITE DEVELOPERS, INC. **X** (X Change Addition BORNSTEIN, DAVID S NAME NAME STREET ADDRESS 1107 SHADY RUN LANE STREET ADDRESS MAITLAND, FL 32751 CITY - ST - ZIP CITY-ST-718 DTLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 700042398397 11/02/04--01047--003 \*\*50.00 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete THE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. INSITE DEVELOPERS Florida corporation 09/14 /04 Daytime Phone #