2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009054

Entity Name: NEEDLENOSE NO. 4, L.C.

FILED Mar 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 19987 WILKINSON LEAS RD 19970 WILKINSON LEAS RD TEQUESTA, FL 33469 TEQUESTA, FL 33469 **Current Mailing Address: New Mailing Address:** 19987 WILKINSON LEAS RD 19970 WILKINSON LEAS RD TEQUESTA, FL 33469 TEQUESTA, FL 33469 FEI Number: 65-1089254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELLIOTT, SANDRA 102 TOLLGATE LANE ISLAMORADA, FL 33036 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ELLIOTT, ERNEST F Name: Name: 102 TOLLGATE LANE Address: Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ELLIOTT, SANDRA Name: Name: Address: 102 TOLLGATE LANE Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition KELLER, LISA KELLER, LISA Name: Name: 19970 WILKINSON LEAS RD Address: 19987 WILKINSON LEAS RD Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: TEQUESTA, FL 33469 Title: MGRM () Delete Title: MGR (X) Change () Addition MCCOURT, TAMMY Name: Name: MCCOURT, TAMMY Address: 229 HYNES RD Address: 178 JOHNSON HILL RD City-St-Zip: POUGHQUAG, NY 12570 City-St-Zip: WINDALE, NY 12594 Title: () Delete Title: MGRM () Change (X) Addition SANDRA, ELLIOTT Name: Name: 102 TOLLGATE LANE Address: Address: City-St-Zip: City-St-Zip: ISLAMORADA, FL 33036 Title: () Delete Title: () Change (X) Addition TAMMY, MCCOURT Name: Name: Address: Address: 178 JOHNSON HILL RD WINDALE, NY 12594 City-St-Zip: City-St-Zip:

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: SANDRA ELLIOTT MGRM 03/23/2007