2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# L99000009054

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

Current Principal Place of Business:

19970 WILKINSON LEAS RD
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

19970 WILKINSON LEAS RD
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 65-1089254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIOTT, SANDRA
102 TOLLGATE LANE
ISLAMORADA, FL 33036 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:	MGRM	( ) Delete
Name:	ELLIOTT, ERNEST F	
Address:	102 TOLLGATE LANE	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	MGR	( ) Delete
Name:	ELLIOTT, SANDRA	
Address:	102 TOLLGATE LANE	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	MGRM	( ) Delete
Name:	KELLER, LISA	
Address:	19970 WILKINSON LEAS RD	
City-St-Zip:	TEQUESTA, FL 33469	
Title:	MGR	( ) Delete
Name:	MCCOURT, TAMMY	
Address:	178 JOHNSON HILL RD	
City-St-Zip:	WINDALE, NY 12594	
Title:	MGRM	(X) Delete
Name:	SANDRA, ELLIOTT	
Address:	102 TOLLGATE LANE	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	MGR	(X) Delete
Name:	TAMMY, MCCOURT	
Address:	178 JOHNSON HILL RD	
City-St-Zip:	WINDALE, NY 12594	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: LISA KELLER MGRM 01/14/2008

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