

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000662

Entity Name: TIC VILLAGE SQUARE 4, LLC

FILED  
Mar 02, 2007  
Secretary of State

## Current Principal Place of Business:

1412 WEST IDAHO STREET, SUITE 210  
BOISE, ID 83702

## New Principal Place of Business:

2 N TAMIAMI TRAIL  
SUITE 300  
SARASOTA, FL 34236

## Current Mailing Address:

1412 WEST IDAHO STREET, SUITE 210  
BOISE, ID 83702

## New Mailing Address:

2 N TAMIAMI TRAIL  
SUITE 300  
SARASOTA, FL 34236

FEI Number: 48-0873857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: CORPORATION SERVICE COMPANY

03/02/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KEOKUK ENTERPRISES,, INC.  
Address: 1044 EAST SANTA FE DRIVE  
City-St-Zip: GARDNER, KS 66030

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KEOKUK ENTERPRISES,, INC.  
Address: 645 S ELM  
City-St-Zip: GARDNER, KS 66030

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: KEOKUK ENTERPRISES, INC.

MGRM

03/02/2007

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