2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 12, 2008 8:00 am Secretary of State

DOCUMENT # M0700000813 1. Entity Name GEORGE C. PERREAULT LT 4, LLC					03-12-2008 90236 032 ***138.75			
		Mailing Address 4370 S TAMIAMI TRAIL S SARASOTA, FL 34231	STE 105	60014098				
4370 5 Suite, Apt.	#, etc.	3. Mailing Address 4370 S. Tamlan Suite, Apt. #, etc.	i Trl. ste 32	02282008	, Cha-LLC	CR2E083 (12/06)		
City & Stat	te _	City & State	<u> </u>	4. FEI Numl	per	A	pplied For	
70.00	Country	Darasota,	+ <u>L</u>	05-31	30247		lot Applicable	
342	31 Jusa	34231 1	Country 154	5. Certificat	e of Status Desired	□ \$5.00 Ad Fee Require		
	6. Name and Address of Current R	egistered Agent	Name	7. Name an	d Address of New Re	egistered Agent		
PERREAULT, GEORGE C								
	MIAMI TRAIL S STE 105 FA, FL 34231	Street Address		(P.O. Box Number is Not Acceptable)				
	1							
			City	FL Zip Code				
8. The above	named entity submits this state fient for	the purpose of changing its re	egistered office or regist	tered agent, or b	oth, in the State of Flor	rida. I am familiar with	, and accept	
SIGNATURE	Mil Cly	WALL ST						
├ <i>──</i>	Signature, typed of printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature requi	ired when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
FILE After May	Signature, tyled of psinked name of registered agent and ENOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	d tile if applicable. (NOTE: F	Registered Agent signature requi	when reinstating)		check payable to Department of State	te	
After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBER	S/MANAGERS	Registered Agent signature requi	ired when reinstating)		e check payable to Department of Star	te	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and their 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 of the receiver or trust te empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #