


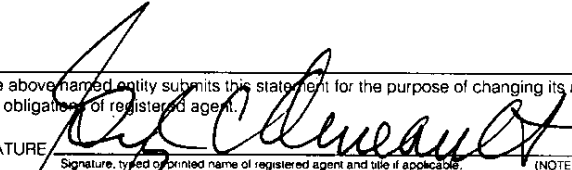
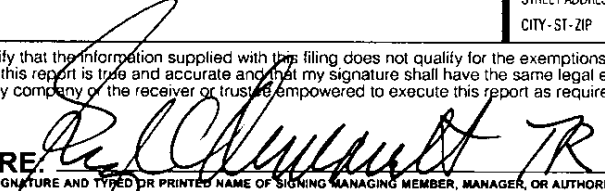
**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

03-12-2008 90236 032 \*\*\*138.75

**60014098**



<b>DOCUMENT # M07000000813</b>			
1. Entity Name GEORGE C. PERREAULT LT 4, LLC			
Principal Place of Business 4370 S TAMiami TRAIL S STE 105 SARASOTA, FL 34231		Mailing Address 4370 S TAMiami TRAIL S STE 105 SARASOTA, FL 34231	
2. Principal Place of Business - No P.O. Box # 4370 S. Tamiami Trl Ste 326 Suite, Apt. #, etc. Sarasota		3. Mailing Address 4370 S. Tamiami Trl. Ste 326 Suite, Apt. #, etc.	
City & State Florida		City & State Sarasota, FL	
Zip 34231		Zip 34231	
Country USA		Country USA	
4. FEI Number 05-3180247		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PERREAULT, GEORGE C 4370 S TAMiami TRAIL S STE 105 SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE 		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERREAULT, GEORGE C 4370 S TAMiami TRAIL S STE 105 SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.			
SIGNATURE 		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			