2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003987

2901 CLINT MOORE ROAD #225

BOCA RATON, FL 33496

Address:

City-St-Zip:

Entity Name: 4 VOICE LLC

FILED Jan 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2901 CLINT MOORE ROAD # 225 BOCA RATON, FL 33496 **New Mailing Address: Current Mailing Address:** 2901 CLINT MOORE ROAD 9911 LIBERTY ROAD # 225 BOCA RATON, FL 33434 BOCA RATON, FL 33496 FEI Number: 26-0458579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANGELL CORPORATE SERVICES, INC. ONE N. CLEMATIS STREET, STE. 400 WEST PALM BEACH, FL 33401 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: MGR Title: (X) Change () Addition () Delete LAXMAN, AMRUTH LAXMAN, AMRUTH Name: Name: 2901 CLINT MOORE ROAD #225 Address: 9911 LIBERTY ROAD Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: BOCA RATON, FL 33434 Title: MGR Title: () Delete () Change () Addition Name: BLOCH, JACK Name: Address: 2901 CLINT MOORE ROAD #225 Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: MGR () Delete Title: () Change () Addition FORMAN, HAROLD Name: Name: 2901 CLINT MOORE ROAD #225 Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: RUBINSTEIN, STUART Name:

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.

Address:

City-St-Zip:

SIGNATURE: AMRUTH LAXMAN MGR 01/24/2009