


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M99000001928**

1. Entity Name  
**FOUR PARTNERS, LLC**



Principal Place of Business  
**15660 NORTH DALLAS PKWY  
 SUITE 1100  
 DALLAS, TX 75248**

Mailing Address  
**15660 NORTH DALLAS PKWY  
 SUITE 1100  
 DALLAS, TX 75248**

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number  
**75-2832343**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

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)

**Filing Fee is \$50.00 Due by May 1, 2007**

U00000620972  
 02/09/07-80059-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEAVER, J. SCOTT 15660 NORTH DALLAS PKWY DALLAS, TX 75248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLEY, DAN R 15660 NORTH DALLAS PKWY DALLAS, TX 75248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POWELL, FRANCES F 15660 NORTH DALLAS PKWY DALLAS, TX 75248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEISENBORN, LORI C 15660 NORTH DALLAS PKWY DALLAS, TX 75248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Lori C Weisenborn* *Lori Weisenborn* 1/24/07 469232-3470  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #