


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001983 1. Entity Name 4SR VENTURES, LLC	
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Principal Place of Business 222 S. PENNSYLVANIA AVE., STE. 200 WINTER PARK, FL 32789	Mailing Address 222 S. PENNSYLVANIA AVE., STE. 200 WINTER PARK, FL 32789
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02052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0634427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SALTSMAN, ROBERT P 222 S. PENNSYLVANIA AVE., STE. 200 WINTER PARK, FL 32789
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2004	U000000083788 03/10/04-80053-011 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR STRINGFELLOW, MARTIN B 222 S. PENNSYLVANIA AVE., STE 200 WINTER PARK, FL 32789
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <u>MB</u> <u>3/5/04</u>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>
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