



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000014456		
1. Entity Name CLOVERDALE-4, LLC		
Principal Place of Business 1010 CATTLEMEN RD. SARASOTA, FL 34232	Mailing Address 1010 CATTLEMEN RD. SARASOTA, FL 34232	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BISPHAM, CYRUS G JR 1010 CATTLEMEN RD. SARASOTA, FL 34232		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BISPHAM, CYRUS G JR 1010 CATTLEMEN RD. SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GABBERT, JAMES 8000 IBIS AVE. SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BISPHAM, PAUL J 7850 IBIS AVE. SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYER, LENORD 8491 BOLDEN RD. SARASOTA, FL 34240	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Cyrus G. Bispham Jr.</u> 3/5/05 941-371-6591 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #		



01072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1063316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U00000258054
03/10/05-80027-025 50.00

**DO NOT WRITE
IN THIS SPACE**