5/22/2002-90213-0

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Jul 25, 2002 8:00 am
Secretary of State
05-22-2002 90213 026 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001218

1. Entity Name
FLATS 4, LLC

Principal Place of Business	Mailing Address
150 N. SWOOPE AVE. MAITLAND FL 32751	150 N. SWOOPE AVE. MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
50 E. Central Ave	Same.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL 32806	City & State
Zip / Country: USA	Zip / Country

4. FEI Number: 59-3693568 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUTCHINS, ROBERT J 400 NORTH WYMDER ROAD, SUITE 110 WINTER PARK FL 32789	Name: Chester Wheeler Street Address (P.O. Box Number is Not Acceptable): 150 N. Swoope Ave Maitland, FL 32751 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.

SIGNATURE: [signature] CFO 4/24/02.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Principal ☐ Delete Carnie Fitch 5015 Acorn Ridge Road Jacksonville, FL 32256	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / Principal ☐ Delete Brian Wheeler 1500 Hibiscus Ave Winter Park, FL 32792	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO / Principal ☐ Delete Chester Wheeler 150 N. Swoope Ave Maitland, FL 32751	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED 4/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #