2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001218

Entity Name: FLATS 4, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
50 E CENTRAL AVE ORLANDO, FL 32865	

Current Mailing Address:	**New Mailing Address:**
150 N. SWOOPE AVENEU MAITLAND, FL 32751 US	150 N. SWOOPE AVENUE MAITLAND, FL 32751 US

FEI Number: 59-3693568   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:**
WHEELER, CHESTER 150 N SWOOPE AVE MAITLAND, FL 32751 US	

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/MEMBERS: ADDITIONS/CHANGES:

Title: P ( ) Delete Name: FITCH, CAMP Address: 150 N. SWOOPE AVENUE City-St-Zip: MAITLAND, FL 32751	Title: MGR (X) Change ( ) Addition Name: TJF MANAGEMENT CO, Address: 150 N. SWOOPE AVENUE City-St-Zip: MAITLAND, FL 32751
Title: VP ( ) Delete Name: WHEELER, BRIAN Address: 150 N. SWOOPE AVENUE City-St-Zip: MAITLAND, FL 32751	Title: MGRM (X) Change ( ) Addition Name: WHEELER, BRIAN J Address: 150 N. SWOOPE AVE City-St-Zip: MAITLAND, FL 32751
Title: P (X) Delete Name: WHEELER, CHARTER Address: 150 N SWOOPE AVE City-St-Zip: MAITLAND, FL 32751	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: BRIAN WHEELER   MGRM   03/25/2004
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date