2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# L01000001218

Entity Name: FLATS 4, LLC

Current Principal Place of Business:

50 E CENTRAL AVE
ORLANDO, FL 32865

New Principal Place of Business:

Current Mailing Address:

150 N. SWOOPE AVENUE
MAITLAND, FL 32751 US

New Mailing Address:

1390 HOPE ROAD
STE 400
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:

WHEELER, CHESTER
150 N SWOOPE AVE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

WHEELER, CHESTER
1390 HOPE ROAD
STE 400
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: 03/31/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: TJF MANAGEMENT CO,
Address: 150 N. SWOOPE AVENUE
City-St-Zip: MAITLAND, FL 32751

Title: MGRM ( ) Delete
Name: WHEELER, BRIAN J
Address: 150 N. SWOOPE AVE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TJF MANAGEMENT CO,
Address: 1390 HOPE ROAD, STE 400
City-St-Zip: MAITLAND, FL 32751

Title: MGRM (X) Change ( ) Addition
Name: WHEELER, BRIAN J
Address: 1390 HOPE ROAD, STE 400
City-St-Zip: MAITLAND, FL 32751

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: TJF MANAGEMENT CO MGR 03/31/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date