

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001218

Entity Name: FLATS 4, LLC

FILED  
Feb 09, 2007  
Secretary of State

## Current Principal Place of Business:

50 E CENTRAL AVE  
ORLANDO, FL 32865

## New Principal Place of Business:

## Current Mailing Address:

1390 HOPE ROAD  
STE 400  
MAITLAND, FL 32751 US

## New Mailing Address:

1051 WINDERLEY PLACE  
STE 202  
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  
1390 HOPE ROAD  
STE 400  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

WHEELER, CHESTER  
1051 WINDERLEY PLACE  
STE 202  
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:

02/09/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: TJF MANAGEMENT CO,  
Address: 1051 WINDERLEY PLACE STE 202  
City-St-Zip: MAITLAND, FL 32751

Title: MGR ( ) Change (X) Addition  
Name: WEILAND, ROBERT  
Address: 1051 WINDERLEY PLACE STE 202  
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 Chapter 119, 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

02/09/2007

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