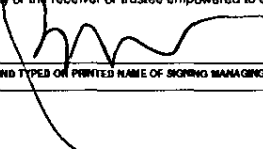


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90066 016 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000001218			
1. Entity Name FLATS 4, LLC			
Principal Place of Business 50 E CENTRAL AVE ORLANDO, FL 32865		Mailing Address 50 E CENTRAL AVE ORLANDO, FL 32865	
2. Principal Place of Business		3. Mailing Address 150 N. SWOOPE AVE Maitland FL	
Suite, Apt. #, etc.		City, State, Zip	
Zip	Country	Zip	Country
		32751	USA
4. FET Number		5. Certificate of Status Desired	
59-3693568		☐ Not Applicable ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHEELER, CHARTER 160 N SWOOPE AVE MOUNT DORA, FL 32757		Name Chester Wheeler Street Address (P.O. Box Number is Not Acceptable) City Maitland FL Zip Code 32751	
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 _____ (NOTE: Registered Agent Signature required when changing) Signature, typed or printed name of registered agent and date if applicable _____ DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FITON, CAMP 8028 AZOM RIDGE RD JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pitch, Camp 150 N. SWOOPE AVE Maitland, FL 32751 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHEELER, BRIAN 1600 HIBISCUS AVE WINTER PARK, FL 32792 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 N. SWOOPE AVE Maitland, FL 32751 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHEELER, CHARTER 160 N SWOOPE AVE MAITLAND, FL 32751 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: 		Brian Wheeler 4/30/03 407-337-2222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

10102764



☐ CHECK HERE IF MAKING CHANGES

CR25083 (10/02)