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

10102764

Principal Place of Business	Mailing Address
50 E CENTRAL AVE ORLANDO, FL 32865	50 E CENTRAL AVE ORLANDO, FL 32865

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	150 N Swoope Ave Suite, Apt. #, etc.
	Maitland City & State FL
Zip / Country	Zip 32751 / Country USA.

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
WHEELER, CHARTER 150 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	Fiton, Camp 150 N. Swoope Ave Maitland, FL 32751	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WHEELER, BRIAN 1500 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 150 N SWOOPE AVE MAITLAND, FL 32761	☐ 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

CR2E083 (10/02)

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 4/30/03 407-339-2272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #