2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000021288 1. Entity Name GROUP FOUR L.L.C. Principal Place of Business Mailing Address 3608 MORRIS STREET NORTH 3608 MORRIS STREET NORTH ST PETERSBURG FL 33713 41015 ST PETERSBURG FL 33713

FILED Aug 07, 2002 8:00 am Secretary of State

07-18-2002 90135 029 ****50.00



2. Principal	Place of Business	3. Mai	3. Mailing Address				1 HERITON DIS OCURE HEGEN BOTHS BEHIN BEHIN BEHIN OKNOCH HEGET HEGEN HEND HEND TONG				
Suite, Ap	t. #, etc.	Suit	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	ale	City	& State		·		Number 375	99 D. 1 7		Applied For	
Zip	Country	Zip		Country		5. Ceri	lificate of Status Desi	red []	\$5.00 Fee Req	Not Applicable Additional	
6. Name and Address of Current Registered Agent						7. Nan	e and Address of N	ew Registered			
COSTANZA, DAVID F					me						
3608 MORRIS STREET NORTH				Str	Street Address (P.O. Box Number is Not Acceptable)						
STF	PETERSBURG FL 33713		•	- -							
				<u> </u>							
·			Cit	•			FI	Zip C			
8. The above	e named entity submits this statementions of registered agent.	nt for the purpo	ose of changing its	registered offi	ice or register	ed agent,	or both, in the State of	f Florida. I am	tamiliar wi	th, and accept	
SIGNATURE	Days Ost	5							102	, , , , , , , , , , , , , , , , , , , ,	
	Signature, typed or printed name of registered e	gent and title if appli	icable. (NOTE	. Registered Agent	signature required	when reinstat	ing)	DATE			
				W!!! FEE			1				
. \$			Make Check Pay			f State					
		1	Due By	September	25, 2002						
9. MANAGING MEMBERS/MANAGERS							ADDITIONS/CHANGES				
THE	manager		☐ Delete	TITLE					☐ Change	e	
NAME Street address	Jon Baytos		•	NAME	•		•			- LI PROGRAÇA	
CITY:ST-ZIP	3608 mornis St. N.	21 33	208	STREET ACOUR	- 1						
TITLE	"51, Petersburg" 1			-CITY-ST-ZIP				<u></u>		•	
NAME I			☐ De!eta	TITLE NAME	- 1			•	Change	Addition	
STREET ADDRESS				STREET ADDR	FCC						
CITY-ST-ZIP				CITY-ST-ZIP	~		·				
TITLE			☐ Defete	TITLE							
NAME			_ balaa	NAME	,				Change	Addition	
STREET ADORESS		 		STREET ADDR	ESS						
CITY-ST-ZIP				CITY-ST-ZIP							
TITLE			☐ Delete	TITLE				*	☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME	ł				_ •		
CITY-ST-ZIP	•			STREET ADDRE	SS						
TILE	· .			CITY-ST-ZIP							
IAME			☐ Deleta	TITLE					☐ Change	Addition	
TREET ADDRESS				NAME STREET ADDRE	ee						
TY-ST-ZIP		•	Í	CITY-ST-ZIP						İ	
ITLE			□ Delete	TITLE						<u></u>	
AME			L Delete	NAME					Change	☐ Addition	
TREET ADDRESS	•			STREET ADDRES	ss					ļ	
ITY-ST-ZIP		_	I	CITY-ST-ZIP						ľ	
1: Thereby ce	artify that the information supplied with this report is true and accurate an illity company or the receiver or truste	th this filing do	es not qualify for th	e exemption s	stated in Secti	ion 119.07	(3Vi). Florida Statutas	I further co-	fu that the !	information	
limited liab	ility company or the receiver or truste	ee empowered	ature shall have the I to execute this rep	same legal e ort as require	ffect as if mad d by Chapter	de under o 608, Florid	ath; that I am a man da Statutes.	eging.member	or manage	er of the	

IER, MANAGER, OR AUTHORIZED REPRESENTATIVE