
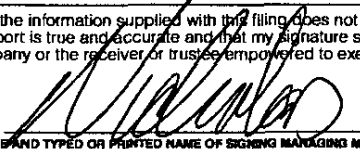


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90332 014 ****50.00

DOCUMENT # L01000021288 1. Entity Name GROUP FOUR L.L.C.					
Principal Place of Business 3608 MORRIS STREET NORTH ST PETERSBURG, FL 33713			Mailing Address 3608 MORRIS STREET NORTH ST PETERSBURG, FL 33713		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3759927	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COSTANZA, DAVID F 3608 MORRIS STREET NORTH ST PETERSBURG, FL 33713				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAYTOS, JON		NAME		
STREET ADDRESS	3608 MORRIS ST N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOMINIC CAPE		NAME		
STREET ADDRESS	6331 18th ST NE		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICHOLAS CAPE		NAME		
STREET ADDRESS	2000 SHORE ACRES BLDG NE		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33703		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAD BAYTOS		NAME		
STREET ADDRESS	3608 MORRIS ST N		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33713		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 608, Florida Statutes.					
SIGNATURE: 			NICHOLAS CAPE 4/8/04 727-522-7544		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					