


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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



04252005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3759927 Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
COSTANZA, DAVID F
3608 MORRIS STREET NORTH
ST PETERSBURG, FL 33713

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TYPE	MGR
NAME	BAYTOS, JON
HOME ADDRESS	3608 MORRIS ST N
CITY, STATE, ZIP	SAINT PETERSBURG, FL 33708
TYPE	MGR
NAME	CAPE, DOMINIC
HOME ADDRESS	6331 18TH ST NE
CITY, STATE, ZIP	SAINT PETERSBURG, FL 33702
TYPE	MGR
NAME	CAPE, NICHOLAS
HOME ADDRESS	2000 SHORE ACRES BLVD. NE
CITY, STATE, ZIP	SAINT PETERSBURG, FL 33703
TYPE	MGR
NAME	BAYTOS, BRAD
HOME ADDRESS	3608 MORRIS ST N
CITY, STATE, ZIP	SAINT PETERSBURG, FL 33713
TYPE	
NAME	
HOME ADDRESS	
CITY, STATE, ZIP	
TYPE	
NAME	
HOME ADDRESS	
CITY, STATE, ZIP	

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05/02/05-80026-019 150.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Brad Baytos* Date: 4-27-05 Daytime Phone #: 727-522-7511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE