2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

JAN 2 1 REC'D

772-464-3502

DOCUMENT # L02000012429 1. Enlity Name BROTHERS FOUR, LLC							Feb 19, 2004 08:00 AM Secretary of State				
Principal Place of Business Mailing Address											
2000 KINGS HWY.				P.O. BOX 670							
FORT PIERCE FL 34951				FORT PIERCE FL 34954							
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2. Principal Place of Business				3. Mailing Address			-				
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Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			7	MOORE	CR2E083	(11/03)	
City & State				City & State			4. FEI Nur	mbar	·-····		bollad Ear
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Zip	Zip Country		Zip	Zip Coi		itry	5. Certificate of Status Desired Sta				
					1	Fee Required					
	6. Name	and Address of Current	t Register	7. Name a	and Address of New Re	egistered A	gent				
MINTON, MICHAEL D						Name					
1903 SOUTH 25TH ST., STE. 200						Street Address (P.O. Box Number is Not Acceptable)					
FORT PIERCE FL 34947											
						Citi				7. 6.3	
				City					FL	Zip Cod	
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.											
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SIGNATURE	Signature, typed	or printed name of registered agent	n and bile it as	opticable. (NOT	E Registers	d Agent signature require	d when reinstating)	}	DATE		<u></u> ->≂·≉
FILE NOW!!! FEE IS \$50.00										control	
			r⊏⊑ เอ จอบ.uu orida Departme	nt of State							
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9. MANAGING MEMBERS/MANAGERS							······································	ADDITIONS/	CHANGES		
TITLE	MGR Delete					ε				☐ Change	Addition
NAME CTREET ADDRESS	TRIPLE M GROVES, INC			NAME		·	U00000057819				
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11. I hereby of indicated	certify that the lon this repo	e information supplied with rt is true and accurate and rry or the receiver or truste	h this filing d that my	g does not qualify for signature shall have	r the exe the sam	mption stated in Se e legal effect as if r	ection 119.070 nade under o	(3)(i), Florida Statutes, I ath; that I am a managi	further cert	fy that the in	nformation er of the
limited lia	ability compar	ny or the receiver or truste	e empowe	ered to execute this	report as	s required by Chap	iter 608, Florid	da Statutes.	-	-	

B. T. MINTON, PRESIDENT TRIPLE M GROVES, INC., MGR

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: