2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # L02000012429 1. Entity Name BROTHERS FOUR, LLC						Secretary of State				
Principal Place of Business 2000 KINGS HWY. FORT PIERCE FL 34951			Mailing Address P.O. BOX 670 FORT PIERCE FL 3495	54 .			TABILBU BU BYUR 118U YBU 5977		8 (1811 BIBLI (1818 (181	OFI III lant
2. Principal P	Place of Business		3. Mailing Address			-				
Suite, Apt #, etc.			Suite, Apt. #, etc.	<u>,</u>		1st MOORE	CR2E08	33 (10/04)		
City & State			City & State			4. FEI Nun	59-2446949)		plied For t Applicat
Zip	Country		- Zip Cou		ntry	5. Certifica	ate of Status Desired		\$5.00 Add	
	6. Name and Add	iress of Current R	egistered Agent			7. Name a	nd Address of New R	egistered	Agent	
MINTON, MICHAEL D 1903 SOUTH 25TH ST., STE. 200 FORT PIERCE FL 34947					Name Street Address	(P.O. Box Nun	nber is Not Acceptable	:)		
					City		·	FL	Zip Code	
	e named entity submits tions of registered age		the purpose of changing its	register	ed office or regist	ered agent, or	both, in the State of Flo	rida. I am	familiar with,	and accer
SIGNATURE	Signature, typed or printed na	and of registered orient an	dure tenninghia (NOT	F Registers	d Agent signature requi	red when reinstating)	·	DATE		
<u>. </u>	agriculte, typed of printed in	and or redizing of our on			·	,			·	
			Make Check Payab		FEE IS \$50.00 orida Departm					
					ay 1, 2005					
9. MANAGING MEMBERS			S/MANAGERS	10.			ADDITIONS/	CHANGE	S .	
THE	MGR		☐ Defete	IIIL					Change	Addition
NAME STREET ADDRESS	TRIPLE M GROVES			NAM STRE	Æ EET ADDRESS					
CITY-SI-ZIP	FORT PIERCE FL 3		R .		(-SI-ZIP					
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Delete	TILL	f -				☐ Change	Addis
NAME				NAM	1		U0000020	つこてつ		
STREET ADDRESS CITY ST-ZIP					EETADORESS (-ST-ZIP		01/28/05-80	īŏ9~01	1 50.00	
TITLE	-		☐ Delete	HIE					☐ Change	— . □ Addibe
NAME				NAM	AE					
STREET ADDRESS					FET ADDRESS Z-ST-ZIP					
	<u> </u>								☐ Change	
NAME			∟ Delete	TIIL NAM	ì				☐ Ottaliĝe	
STREET ADDRESS				SIRI	FETADDRESS					
CITA · ZI · SIb			<u> </u>	CAN	1 - S1 - 71P					
TALE			☐ Delete	TITL	1				☐ Change	Addin
NAME STREET ADDRESS	1			NAM STR	AF Ectadoress					
CITY-ST-ZIP					(-ST-71P					
ME		· · · · · · · · · · · · · · · · · · ·	☐ Delete	init	Ē				Change	Arican
MAME				NAM	l l					
STREET ADDRESS CITY-ST-ZIP					EELADDRESS (ST-ZIP			,		
44 I boroby	cortify that the infor-	tion cumpling with	this filing does not qualify for	or the eve	montion stated in	Section 110 07	(3)(i) Florida Statutos	I further co	 Artify that the in	nformation
indicated limited lia	d on this report is true; ability company or the	and accurate and to receiver or trustee	hat my signature shall have empowered to execute this	the sam report a	e legal effect as a stequired by Cha	f made under o apter 608, Florid	eath, that I am a manag da Statutes.	ing memb	per or manage	r of the

B. T. Minton, President

Triple M Groves, Inc. Mgr.

FILED

772-464-3502