



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90148 039 ****50.00

DOCUMENT # L02000024055 1. Entity Name BUTTREY DEVELOPMENT FOUR, LLC					
Principal Place of Business 6239 EDGEWATER DRIVE, SUITE D-1 ORLANDO, FL 32810			Mailing Address 6239 EDGEWATER DRIVE, SUITE D-1 ORLANDO, FL 32810		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4940 Campbell Blvd. Suite, Apt. #, etc. Suite 100			
City & State Zip Country		City & State Baltimore, MD 21236-5910 Zip Country		4. FEI Number 02-0643551 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04292004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BUTTREY, JOHN 6239 EDGEWATER DRIVE, SUITE D-1 ORLANDO, FL 32810			7. Name and Address of New Registered Agent 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 reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTTREY, JOHN 6239 EDGEWATER DRIVE, SUITE D-1 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		C. J. Strauch, President-Member		04/29/04 410-931-9595	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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