2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2004
Secretary of State

DOCUMENT# L03000001830

Entity Name: WALFREFOUR, L.L.C.

Current Principal Place of Business:

4001 NEWBERRY ROAD SUITE C-2
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4001 NEWBERRY ROAD SUITE C-2
GAINESVILLE, FL 32607

New Mailing Address:

6939 RIVERSEDGE ST. CIRCLE
BRADENTON, FL 34202

FEI Number: 11-3676691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WARD, PETER HAMILTON
4001 NEWBERRY ROAD SUITE C-2
GAINESVILLE, FL 32607

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	( ) Delete
Name:	
Address:	
City-St-Zip:	
Title:	( ) Delete
Name:	
Address:	
City-St-Zip:	
Title:	( ) Delete
Name:	
Address:	
City-St-Zip:	
Title:	( ) Delete
Name:	
Address:	
City-St-Zip:	

ADDITIONS/CHANGES:

Title:	MGRM ( ) Change (X) Addition
Name:	FRANCO, FRED C
Address:	6939 RIVERSEDGE ST. CIRCLE
City-St-Zip:	BRADENTON, FL 34202
Title:	MGRM ( ) Change (X) Addition
Name:	FRANCO, TAMMY J
Address:	6939 RIVERSEDGE ST. CIRCLE
City-St-Zip:	BRADENTON, FL 34202
Title:	MGRM ( ) Change (X) Addition
Name:	ADAMS, WALTER E
Address:	2522 FARRIER LANE
City-St-Zip:	RESTON, VA 20191
Title:	MGRM ( ) Change (X) Addition
Name:	ADAMS, SHIRLEY Y
Address:	2522 FARRIER LANE
City-St-Zip:	RESTON, VA 20191

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRED FRANCO MGRM 02/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date