


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

02-12-2004 90117 004 ****50.00

DOCUMENT # L03000019043

1. Entity Name
ALBRITTON FAMILY INVESTMENTS L-4 LLC



Principal Place of Business
**5053 OCEAN BLVD.
 SARASOTA, FL 34242**

Mailing Address
**5053 OCEAN BLVD.
 SARASOTA, FL 34242**

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
P.O. Box 19707
 Suite, Apt. #, etc.

City & State
Sarasota FL

Zip
34276

Country

34005170
 6YU1U0Y1



02062004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0160821

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

6. Name and Address of Current Registered Agent

MIRMAN, LEE
5053 OCEAN BLVD.
SARASOTA, FL 34242

7. Name and Address of New Registered Agent

Name
CLASP INC.

Street Address (P.O. Box Number is Not Acceptable)
3001 Tamiami Trail N.

4th Floor

City
Naples

FL Zip Code
34103

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. **CLASP INC., Registered Agent**

SIGNATURE *By: [Signature]* **Scott Duval, Vice President** **4-29-04**
Signature, typed or printed name of registered agent and title if applicable. (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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		MGR IBis Management L-6 LLC PO Box 19707 Sarasota, Florida 34276	
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: *Linda Gail Strong* **Linda Gail Strong** **2/9/04** **941-342-4921**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #