

# 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**  
**64010041**

**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
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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 #