2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90287 029 ****50.00

DOCUMENT # L03000019043

1. Entity Name
ALBRITTON FAMILY INVESTMENTS L-4 LLC

Principal Place of Business	Mailing Address
5053 OCEAN BLVD. SARASOTA, FL 34242	P.O. BOX 19707 SARASOTA, FL 34276

03232005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
4167 Malden Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Fl.	City & State
Zip: 34241 Country	Zip Country

4. FEI Number: 20-0160821 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLASP INC. 3001 TAMIAMI TRAIL N. 4TH FLOOR NAPLES, FL 34103	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR IBIS MANAGEMENT L-6 LLC P O BOX 19707 SARASOTA, FL 34276	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

Robert C. Albritton

SIGNATURE: _____ 3/23/05 941-342-4921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #