


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000041430	
1. Entity Name FOUR-M, LLC	

Principal Place of Business 147 W. LYMAN AVENUE SUITE 205 WINTER PARK, FL 32789 US	Mailing Address 147 W. LYMAN AVENUE SUITE 205 WINTER PARK, FL 32789 US
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01122005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WALKER, MARGARET JAN
147 W. LYMAN AVENUE
SUITE 205
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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 Walker, Margaret Jan DATE 1/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, MARGARET JAN 147 W. LYMAN AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, PATSY 354 LAKEVIEW STREET ORLANDO, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, KATHY 2461 ROXBURY ROAD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVANS RADLER, BANNING 1900 VIA CONTESSA WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLINS, CINDY 1820 VIA GENOA WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/05-80105-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: M. Jan Walker DATE 1/18/05 407-718-9644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #