

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L03000045500

1. Entity Name

HALE GROVE 4, LLC



**FILED
Feb 26, 2004 8:00 am
Secretary of State**

02-26-2004 90200 009 ****50.00

Principal Place of Business
8965 PALM BREEZE TERR.
VERO BEACH FL 32963

Mailing Address

8965 PALM BREEZE TERR.
VERO BEACH FL 32963

2. Principal Place of Business

P. O. Box 700217

3. Mailing Address

P. O. Box 700217

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Susan Hale

City & State

Wabasso, FL

City & State

Wabasso, FL

Zip

32970

USA

Zip

32970

Country

USA

4. FEI Number

NA

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENRY, THORNTON M
JONES, FOSTER, JOHNSTON & STUBBS, P.A.
505 S. FLAGLER DR, STE 1100
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Delete	TITLE	Manager	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	Susan B. Hale		
STREET ADDRESS			STREET ADDRESS	PO Box 700217		
CITY-ST-ZIP			CITY-ST-ZIP	Wabasso, FL 32970		
TITLE		<input type="checkbox"/> Delete	TITLE	Manager	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	A. Foster Hale		
STREET ADDRESS			STREET ADDRESS	305 Hylande Dr.		
CITY-ST-ZIP			CITY-ST-ZIP	Great Falls, MT 59405		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: *Susan B. Hale* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** *Susan B. Hale* **Date** *2-13-04* **Daytime Phone #** *772-581-7741*