


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000045500 1. Entity Name HALE GROVE 4, LLC		
Principal Place of Business PO BOX 700217 WABASSO, FL 32970	Mailing Address PO BOX 700217 ATTN: SUSAN HALE WABASSO, FL 32970	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HALE, SUSAN B 9255 NORTH UNITED STATES HIGHWAY ONE WABASSO, FL 32970		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, SUSAN B PO BOX 700217 WABASSO, FL 32970	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, A. DEXTER 305 HYLANDE DR. GREAT FALLS, MT 59405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Susan B. Hale</u> <u>SUSAN B. HALE</u> 1-24-06 772-581-7741 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01232006No Chg-LLC

CR2E083 (11/05)

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

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02/06/06-80033-012 50.00