


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90018 028 ****50.00

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		
2. Principal Place of Business - No P.O. Box # 8965 PALM BREEZE TER		3. Mailing Address P.O. Box 700247			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State VERO BEACH, FL		City & State WABASSO, FL		4. FEI Number NOT APPLICABLE	
Zip 32963		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HALE, SUSAN B 9255 NORTH UNITED STATES HIGHWAY ONE WABASSO, FL 32970		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8965 PALM BREEZE TERRACE City VERO BEACH FL Zip Code 32963			
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 <u>Susan B. Hale</u> DATE <u>1-10-07</u> <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, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, SUSAN B PO BOX 700217 WABASSO, FL 32970	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, A. DEXTER 305 HYLANDE DR. GREAT FALLS, MT 59405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, A. DEXTER 305 HYLANDE DR. GREAT FALLS, MT 59405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, A. DEXTER 305 HYLANDE DR. GREAT FALLS, MT 59405	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, A. DEXTER 305 HYLANDE DR. GREAT FALLS, MT 59405	<input type="checkbox"/> Delete			
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> SUSAN B. HALE				Date <u>1/10/07</u> Daytime Phone # <u>(772) 231-9519</u>	