


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90039 035 ****50.00

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # L03000046024 | | | |  | |
| 1. Entity Name METRO-PARK BUILDING FOUR, LLC | | | | | |
| Principal Place of Business 2813 SOUTH HIAWASSEE ROAD SUITE 101 ORLANDO, FL 32835 US | | | Mailing Address 2813 SOUTH HIAWASSEE ROAD SUITE 101 ORLANDO, FL 32835 US | | |
| 2. Principal Place of Business 6000 Metrowest Blvd. Suite, Apt. #, etc. 111 City & State Orlando Florida Zip 32835 Country Orange | | 3. Mailing Address 6000 Metrowest Blvd. Suite, Apt. #, etc. 111 City & State Orlando Florida Zip 32835 Country Orange | | | |
| .02032004 Chg-LLC CR2E083 (10/03) | | | | 4. FEI Number 13-4269678 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 6. Name and Address of Current Registered Agent SKORMAN, MARC 2813 SOUTH HIAWASSEE ROAD SUITE 101 ORLANDO, FL 32835 | | | 7. Name and Address of New Registered Agent Name MARC SKORMAN, MANAGER Street Address (P.O. Box Number is Not Acceptable) 6000 METROWEST BLVD SUITE 111 City ORLANDO FLORIDA FL Zip Code 32835 | | |
| 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 <i>Marc Skorman</i> MANAGER MARC SKORMAN MANAGER 4/15/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting))</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE MGR <input type="checkbox"/> Delete NAME SKORMAN, MARC STREET ADDRESS 2813 SOUTH HIAWASSEE ROAD, SUITE 101 CITY-ST-ZIP ORLANDO, FL 32835 | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 6000 METROWEST BLVD SUITE 111 STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP | | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <i>Marc Skorman</i> MANAGER MARC SKORMAN MANAGER 4/15/04 407 2532001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |