2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000001471

1. Entity Name
GROUP FOUR INVESTMENTS, LLC



FILED Jan 06, 2006 08:00 AM Secretary of State

Principal Place of Business

738 LOGGERHEAD ISLAND DR SATELLITE BEACH, FL 32937 Mailing Address

738 LOGGERHEAD ISLAND DR SATELLITE BEACH, FL 32937



01032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 84-1669759

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R 1221 E NEW HAVEN AVE MELBOURNE, FL 32901

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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

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRSCHNER, STANLEY SR 738 LOGGERHEAD ISLAND DR SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM KIRSCHNER, STANLEY JR 1332 DESOTO ST MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM KIRSCHNER, GREGORY 1332 DESOTO ST MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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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:

JRE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/3/06

321-273-4600

Daytme Phone #