


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000001471

1. Entity Name
GROUP FOUR INVESTMENTS, LLC



Principal Place of Business 738 LOGGERHEAD ISLAND DR SATELLITE BEACH, FL 32937	Mailing Address 738 LOGGERHEAD ISLAND DR SATELLITE BEACH, FL 32937
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 84-1669759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

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 CITY-ST-ZIP	MGRM KIRSCHNER, STANLEY JR 1332 DESOTO ST MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRSCHNER, GREGORY 1332 DESOTO ST MELBOURNE, FL 32935
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 01/22/07-80069-020 50.00

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: Stanley Kirschner Date: 1/18/07 Daytime Phone #: 321-773-4600

STANLEY KIRSCHNER