

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064739

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** GROUP FOUR REALTY LLC

**Current Principal Place of Business:**

1701 PARK CENTER DRIVE  
ORLANDO, FL 32835

**New Principal Place of Business:**

7065 WESTPOINTE BLVD  
SUITE 319  
ORLANDO, FL 32835

**Current Mailing Address:**

1701 PARK CENTER DRIVE  
ORLANDO, FL 32835

**New Mailing Address:**

P. O. BOX 618147  
ORLANDO, FL 32861

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMBACK, KEN  
1701 PARK CENTER DRIVE  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

SIMBACK, KEN  
7065 WESTPOINTE BLVD.  
SUITE 319  
ORLANDO, FL 32835 US

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.

SIGNATURE: \_\_\_\_\_ 04/30/2008  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AZZOUZ, KEVIN H  
Address: 1701 PARK CENTER DRIVE  
City-St-Zip: ORLANDO, FL 32835 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AZZOUZ, KEVIN H  
Address: 7065 WESTPOINTE BLVD SUITE 319  
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN H AZZOUZ                      MGR                      04/30/2008  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date