

AMENDED LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000153
1. Entity Name
M.H.P. GROUP FOUR, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1895 N TAMiami TRAIL		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State N. FORT MYERS, FL		City & State	
Zip 33903	Country USA	Zip	Country

FILED
2002 SEP 16 AM 10:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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4. FEI Number 65-0813117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name MCALVANAH, THOMAS P.
Street Address (P.O. Box Number is Not Acceptable) 5739 GALL BLVD.
City ZEPHYRHILLS FL Zip Code 33541


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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

	FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREGG, ALEX R. 765 S.W. 148TH AVENUE, #1204 SUNRISE, FL 33325	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100007850211--8 -09/19/02--01062--004 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WOODS, DANIEL 20239 WYNFREED LANE NORTH RIDGE, CA 91326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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:  9/10/02 818-512-6629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #