


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90358 026 \*\*\*\*50.00

<b>DOCUMENT # L98000000153</b>	
<b>1. Entity Name</b> M.H.P. GROUP FOUR, L.C.	

<b>Principal Place of Business</b> 1895 N. TAMiami TRAIL N. FT. MYERS FL 33903	<b>Mailing Address</b> PO BOX 517 ZEPHYRHILLS FL 33539-0517
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E083 (11/03)

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

<b>6. Name and Address of Current Registered Agent</b>  MCALVANA, THOMAS P 5739 GALL BLVD. ZEPHYRHILLS FL 33541	<b>7. Name and Address of New Registered Agent</b> Name <u>John E. Henson</u> Street Address (P.O. Box Number is Not Acceptable) <u>5315 Eighth St</u> City <u>Zephyrhills</u> FL Zip Code <u>33542</u>
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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 John E. Henson (NOTE: Registered Agent signature required when reinstating) DATE 4/13/04

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREGGRT, ALEX R 765 SW 148TH AVENUE, #1204 SUNRISE FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WOODS, DANIEL 20239 WYNFREED LANE NORTH RIDGE GA 91326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Daniel Woods **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** Date 4/13/04 Daytime Phone # 818-512-6629