

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000000762 1. Entity Name GAETA LLC #4					
Principal Place of Business 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403			Mailing Address 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 02122004 Chg-LLC CR2E083 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 30-0018716				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GAETA, NEIL J 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GAETA, NEIL J 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GAETA, LOUIS A JR. 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ 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:  AS MANAGING MEMBER 3/1/04 561-627-1900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					