


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L02000000762 1. Entity Name GAETA LLC #4 |  |
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| Principal Place of Business 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403 | Mailing Address 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403 |
|---|---|

DO NOT WRITE IN THIS SPACE



02102005No Chg-LLC

CR2E083 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 30-0018716 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GAETA, NEIL J 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403 |
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE


**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GAETA, NEIL J 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GAETA, LOUIS A JR. 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33403 |
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04/14/05-80099-016 50.00

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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:  **MANAGING MEMBER** **3/21/05** **561-627-1900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #