

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000026360

1. Entity Name

PDT INVESTMENTS #4, L.L.C.



Principal Place of Business

1740-1776 POLK ST.
HOLLYWOOD, FL 33020

Mailing Address

8211 W. BROWARD BLVD.
SUITE 350
PLANTATION, FL 33324



03082006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2299913

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTTA, KOUTOULAS & RELIS, LLC
8211 W BROWARD BLVD SUITE 350
PLANTATION, FL 33324

**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, 2006**

U00000475791
04/05/06-80028-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JAGO, PETER
STREET ADDRESS	8211 W. BROWARD BLVD., STE 350
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	MGRM
NAME	GUTTA, FRANK
STREET ADDRESS	8211 W. BROWARD BLVD., STE 350
CITY-ST-ZIP	PLANTATION, FL 33324
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**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone