## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## **Secretary of State** DOCUMENT # L02000026360 03-14-2007 90208 001 \*\*\*\*50.00 PDT INVESTMENTS #4, L.L.C. Principal Place of Business Mailing Address 1740-1776 POLK ST. 8211 W. BROWARD BLVD. HOLLYWOOD, FL 33020 SUITE 350 PLANTATION, FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 490 Sawgrass Corporate Parkway Suite, Apt. #, etc. Suite, Apt. #, etc. 02022007 Chg-LLC CR2E083 (12/06) Sutie 310 City & State 4. FEI Number Applied For Sunrise, Florida 56-2299913 Not Applicable Zip Coun;ry Country \$5.00 Additional 5. Certificate of Status Desired 33325 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Frank Gutta CPA PA **GUTTA, KOUTOULAS & RELIS, LLC** Street Address (P.O. Box Number is Not Acceptable) 8211 W BROWARD BLVD SUITE 350 490 Sawgrass Corporate Parkway Suite 310 PLANTATION, FL 33324 Zip Code 33325 Sunrise 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 acent. SIGNATURE Signature, typed or printed name of registered agent and title #applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State 9. MANAGING NEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM MGRM TITLE TITLE ☐ Defete Change Addition Jago, Peter JAGO, PETER NAME NAME 490 Sawgrass Corporate Parkway Suite 310 STREET ADDRESS 8211 W. BROWARD BLVD., STE 350 STREET ADDRESS Sunrise, Florida 33325 CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-7IP MGRM TITLE MGRM ☐ Delete TITLE Change ☐ Addition Gutta, Frank NAME GUTTA, FRANK NAME 490 Sawgrass Corporate Parkway Suite 310 STREET ADDRESS 8211 W. BROWARD BLVD., STE 350 STREET ADDRESS Sunrise, Florida 33325 CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Defete Addition NAME NAME STFEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete

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 offect 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.

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

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FILED Mar 14, 2007 8:00 am