


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90108 048 ****50.00

DOCUMENT # L03000034114 1. Entity Name THE MANKO FAMILY NO. 4 LLC	
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Principal Place of Business 321 W. CAMINO REAL BOCA RATON, FL 33432	Mailing Address 321 W. CAMINO REAL BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



02012005No Chg-LLC CR2E083 (10/03)

4. FEI Number 35-2237089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SADER, ROBERT L
 1901 W. CYPRESS CREEK ROAD
 SUITE 415
 FORT LAUDERDALE, FL 33309

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6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MANKO, STEVEN A 321 W. CAMINO REAL BOCA RATON, FL 33432
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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:  **STEVEN MANKO** 2/18/05 561-391-1934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #