


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 JUN 16 AM 11:05

<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000000977</b>  4000 GOLDENROD, LLC 255 SOUTH COUNTY ROAD PALM BEACH FL 33480
---

1a. Principal Place of Business Address  255 SOUTH COUNTY ROAD PALM BEACH FL 33480
---

2. Principal Place of Business <b>255 S. COUNTY RD.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>255 S. COUNTY RD.</b> Suite, Apt. #, etc.
---	--

3. Date Organized or Qualified 09/08/1998	3a. State of Formation DE
--	------------------------------

City & State Palm Beach, FL. Zip 33480 Country USA	City & State Palm Beach, FL. Zip 33480 Country USA
---	---

4. FCI Number 65-0865386	<input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
---

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TANPAC ALLIANCE, LLC	255 SOUTH COUNTY ROAD	PALM BEACH FL
			000002921510--0 -07/01/99--01091--013 ****253.17 ****253.17  000002921510--0 -07/01/99--01091--014 ****335.58 ****335.58  JUN 25 1999

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #