

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # M98000000977**

1. Entity Name  
**4000 GOLDENROD, LLC**

Principal Place of Business: **255 SOUTH COUNTY ROAD, PALM BEACH FL 33480**

Mailing Address: **255 SOUTH COUNTY ROAD, PALM BEACH FL 33480**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

FILED  
01 MAR 28 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0865386** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

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

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE: _____ NAME: <b>MGRM TANPAC ALLIANCE, LLC</b> STREET ADDRESS: <b>255 SOUTH COUNTY ROAD</b> CITY-ST-ZIP: <b>PALM BEACH FL 33480</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: <b>700003992987--5</b> CITY-ST-ZIP: <b>-04/12/01--01004--012</b> <b>*****25.00 *****25.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED **3/20/01 561-659-7900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)