


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2004 08:00 AM
Secretary of State

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		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country



MOORE CR2E083 (11/03)

4. FEI Number 65-0865386		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

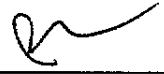
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TANPAC ALLIANCE, LLC 255 SOUTH COUNTY ROAD PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000058492 02/20/04-80038-001 25.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000058492 02/20/04-80038-002 25.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Jeffrey S. Lee 2/18/04 561-659-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #