

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90049 045 \*\*\*\*50.00

**DOCUMENT # M00000002570**

1. Entity Name

VEF IV FUNDING, LLC



Principal Place of Business

~~ATTN: GAIL KNIGHT~~  
3424 PEACHTREE RD., STE 800  
ATLANTA GA 30326

Mailing Address

~~ATTN: GAIL KNIGHT~~  
3424 PEACHTREE RD., STE 800  
ATLANTA GA 30326

2. Principal Place of Business

**Attn: Ann Campbell**

3. Mailing Address

**Attn: Ann Campbell**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**3424 Peachtree Rd, NE, #400**

City & State

City & State  
**Atlanta, GA 30326**

Zip

Country

Zip

Country

4. FEI Number

**58-2506276**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **P** ☐ Delete  
NAME **BREON, STANTON B**  
STREET ADDRESS **3424 PEACHTREE RE., #800**  
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **SV** ☒ Delete  
NAME **MCKEAN, THOMAS A**  
STREET ADDRESS **3424 PEACHTREE RE., #800**  
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **VT** ☒ Delete  
NAME **HUANC, HOWARD C**  
STREET ADDRESS **3424 PEACHTREE RE., #800**  
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **ASV** ☒ Delete  
NAME **NEWMARK, DEBBIE J**  
STREET ADDRESS **3424 PEACHTREE RE., #800**  
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V/S** ☒ Change ☐ Addition  
NAME **Hill, Joseph A.**  
STREET ADDRESS **3424 Peachtree Rd., NE, #400**  
CITY-ST-ZIP **Atlanta, GA 30326**

TITLE **V/T** ☒ Change ☐ Addition  
NAME **Huang, Howard C.**  
STREET ADDRESS **3424 Peachtree Rd., NE, #400**  
CITY-ST-ZIP **Atlanta, GA 30326**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

*Joseph A Hill*

**Joseph A. Hill**

**4/13/2004**

**404-848-8600**