

## **2001 UNIFORM BUSINESS REPORT (UBR)**

192

DOCUMENT # A00000000038

**1. Entity Name**

**COVE PARTNERSHIP #4, LTD.**

**2. Principal Place of Business** **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

FILED

01 JUL 23 AN 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DUE BY SEPTEMBER 26, 2001**

4. FEI Number <b>59-3713804</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**9. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Contributions in FLORIDA to date.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000105328	STREET ADDRESS	
NAME	COCI, INC.		
STREET ADDRESS	2901 RIGSBY LANE		
CITY-ST-ZIP	SAFETY HARBOR FL 34695	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	600004500336--9
NAME			-07/26/01--01072-030
STREET ADDRESS			*****141.25 *****141.25
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

*Michael REED*  
Michael REED

7-16-01 727 726-1115