

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000405

1. Entity Name

C/MAX CAPITAL (ENTENTE INVESTMENT) LIMITED PARTNERSHIP - IV

Principal Place of Business

2950 S.W. 27TH AVENUE, SUITE 110
MIAMI FL 33133

Mailing Address

2950 S.W. 27TH AVENUE, SUITE 110
MIAMI FL 33133

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 13 AM 9:32



2. Principal Place of Business

515 E. Las Olas Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite: 1020

City & State

Ft. Lauderdale, FL

City & State

Zip

33301

Country

USA

Country

4. FEI Number

52-2221798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, MARC

2950 S.W. 27TH AVENUE, SUITE 110

MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

WATSON, MARC M.

Street Address (P.O. Box Number is Not Acceptable)

515 E. Las Olas Blvd., Ste: 1020

City

Ft. Lauderdale

FL

Zip Code

33301

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.

DATE

9. Capital Contributions as Shown on record.

\$1,900,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # L00000002421
NAME C/MAX CAPITAL (ENTENTE INV. GP) - IV, LLC
STREET ADDRESS 2950 S.W. 27TH AVENUE, SUITE 110
CITY-ST-ZIP MIAMI FL 33133

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 515 E. Las Olas Blvd., Ste: 1020
CITY-ST-ZIP Ft. Lauderdale, FL 33301

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)