

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000000405

1. Entity Name
C/MAX CAPITAL (ENTENTE INVESTMENT) LIMITED
PARTNERSHIP - IV



FILED

04 APR 23 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

515 E. LAS OLAS BLVD.
SUITE: 1020
FT. LAUDERDALE, FL 33301

Mailing Address

515 E. LAS OLAS BLVD.
SUITE: 1020
FT. LAUDERDALE, FL 33301

2. Principal Place of Business

1550 SAWGRASS CPT PKWY

3. Mailing Address

1550 SAWGRASS CPT PKWY

Suite, Apt. #, etc.

230

Suite, Apt. #, etc.

230

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33323

Country

USA

Zip

33323

Country

USA

02122004

Chg-LP

CR2E003 (10/03)

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 M
515 E. LAS OLAS BLVD., STE: 1020
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name

KEVIN M. WATSON

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

1550 SAWGRASS CPT. PKWY

230

City

SUNRISE,

FL

Zip Code

33323

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,900,000.00

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

DOCUMENT # L00000002421
NAME C/MAX CAPITAL (ENTENTE INV. GP) - IV, LLC
STREET ADDRESS 515 E. LAS OLAS BLVD., STE: 1020
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1550 SAWGRASS CPT. PKWY # 230

CITY-ST-ZIP

SUNRISE, FL 33323

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

03/24/04-- 01003--011-- \$526.25

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

KEVIN WATSON

DATE

3/8/04

Daytime Phone #

954.315.6602

STAPLE CHECK HERE