

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000534

1. Entity Name

MED IV HOLDING TRUST, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 SE 3rd Ave

Suite, Apt. #, etc.

* 200

City & State

Fort Land, FL

Zip

33316

Country

USA

3. Mailing Address

P.O. Box 399

Suite, Apt. #, etc.

City & State

Fort Land, FL

Zip

33302

Country

USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

65-1157090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Morgan, Walter L.

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

315 NE 3rd Ave

City

Fort Land

FL

Zip Code

33301

**DO NOT WRITE
IN THIS SPACE**

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 Walter L. Morgan, Registered Agent

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

DATE

9. Capital Contributions
as Shown on record.

39686

10. Amount of Capital Contributions
in FLORIDA to date.

39686

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

80553
Broward Property Investments
900 SE 3rd Ave # 200
Fort Land, FL 33316

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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]

4/15/02

APPROVED
AND
FILED

02 JUN 10 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E003B (12/01)

**DO NOT WRITE
IN THIS SPACE**

400005763874--0

06/12/02 01075-015

***366.58 ***366.58

277.83-LP

88.75-Adm

STAPLE CHECK HERE