

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00043/4 AV

DOCUMENT # A01000001240



1. Entity Name
MLH IV, LIMITED PARTNERSHIP

FILED

03 MAR 17 PM 2:08

Principal Place of Business
**1311 N CHURCH AVE
TAMPA FL 33607**

Mailing Address
**1311 N CHURCH AVE
TAMPA FL 33607**



2. Principal Place of Business 3. Mailing Address

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

DUE BY MAY 1, 2003

City & State City & State

4. FEI Number **APPLIED FOR**
59-3736678 Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HABER, RICHARD M
1311 N CHURCH AVE
TAMPA FL 33607**

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

9. Capital Contributions as Shown on record. **\$36,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$36,000.00** 11. MAKE CHECK PAYABLE TO FL. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000091749	STREET ADDRESS	
NAME	MLH FINANCIAL SERVICES, INC.	CITY-ST-ZIP	
STREET ADDRESS	1311 N CHURCH AVE		
CITY-ST-ZIP	TAMPA FL 33607		
DOCUMENT #		STREET ADDRESS	100014243151
NAME		CITY-ST-ZIP	03/17/03--01075--009 **340.75
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NAME		CITY-ST-ZIP	M THOMAS
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: *Richard M. Haber* 3/5/03 813-876-8320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE