2000 UNIFORM BUSINESS REPORT (UBR)

DOCUI		# A1719		_FILED	CTATC		26				
WWH REALTY INVESTORS IV, LTD.							SECI DIVISIO	RETARY OF IN OF CORP	ORATIONS		·
Principal Plac 4000 B ST. JO STE 22 JACKSONVILLE	OHNS AVE.	S	Mailing Address 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205				CT -5 AM	-4f) 110 1 110 1 110 1 110 1		
2. Principal Place of Business 3. Mailing Address					·						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	е		City & State				4. FEI Number 59-	6222949	<u> </u>	Applied For Not Applicable	
Zip		Country	Zip	Соцг	otry .		5. Certificate of Status		Fee Re	5 Additional equired	
	and Address of Current		Name		7. Name and Addres	s of New Hegis	stered Agent		1		
HAZLETT,	WE		Street Address (P.O. Box Number is Not Acceptable)						7		
4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205					1230 Belvedere Ave.					322 95	7
8. The above	submits this statement fo	ts register	red office or registered agent, or both, in the State of Florida.					3X490_	-		
SIGNATURE _	Signature typed	or printed name of registered arrent	and title if applicable (NC	TF Registere	nd Agent signate	ure required	when reinstating)		DATE		
9. Capital Contributions as Shown on record. \$1,210,800.00 10. Amount of Capital Coin in FLORIDA to date.							11. (MAKE CHECK PA			
	A (GENERAL PARTNER T	HAT IS A BUSINESS E	NTITY M	UST BE F	REGIST ndment	ERED AND ACTIVE must be filed to ch	WITH THIS O	FFICE. al partner.		
12.	GENERAL PARTNER	13.			ADI	DRESS CHANG	IES ONLY		76		
DOCUMENT # NAME	HAZLETT,	PAUL B ADAMS STREET		STRE	EET ADDRESS	12	30 Bel	reder.	e Au	<u>e.</u>	CR2E003 (5/00)
STREET ADDRESS CITY-ST-ZIP	JACKSON	· · · · · · · · · · · · · · · · · · ·			'-ST-ZIP	<u>_</u>	ackson	ville	, FL	<u> 32205</u>	
DOCUMENT # NAME STREET ADDRESS		WILLIAM H. JR. ADAMS STREET		STRE	EET ADDRESS	400	DOB St. Z	Johns	Ave.	Stell	^고
CITY-ST-ZIP	JACKSON				'-ST-ZIP	ي ر	uckson	<u> عا اح</u>	FT 3:	2205	_
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CITY-ST-ZIP	33 WEST ADAMS STREET JACKSONVILLE FL				-ST-ZIP	Jacksonville, FL 3220				1205	_
DOCUMENT #		PERTIES, INC.		STRE	EET ADDRESS	12	.30 Beli	<u>seder</u>	re/t	ve.	
STHEET ADDRESS CITY-ST-ZIP	33 WEST ADAMS STREET JACKSONVILLE FL				'-ST-ZIP	J	ickson	ville	, FL 3	3205	_
DOCUMENT # NAME				STRE	EET ADDRESS				<u></u>		
STREET ADDRESS CITY-ST-ZIP		<u> </u>		CITY	-ST-ZIP		-	-10/18/00	<u>301060</u>	16 016	
DOCUMENT # NAME		•		STRE	EET ADDRESS		,	****926.7 	25 ****	×926.25	
STREET ADDRESS CITY-ST-ZIP	ITY-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 eath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE Date Dayling Phone #											<u> </u>