

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25849**

1. Entity Name

TAMPA PLAZA IV COMPANY, LTD.

Principal Place of Business

10000 N. CENTRAL EXPWY., #1150
DALLAS TX 75231

Mailing Address

10000 N. CENTRAL EXPWY., #1150
DALLAS TX 75231

2. Principal Place of Business

8214 WESTCHESTER
Suite, Apt. #, etc.
9TH FLOOR

3. Mailing Address

8214 WESTCHESTER
Suite, Apt. #, etc.
9TH FLOOR

City & State

DALLAS, TX

City & State

DALLAS, TX

Zip

75225

Country

USA

Zip

75225

Country

USA

FILED

02 MAR 11 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

75-2211253

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

BEARD, RICHARD A III
100 N. TAMPA ST.
SUITE 3175
TAMPA FL 33602

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$62.50

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

13.

ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

COOPER, WILLIAM R.
10000 N. CENTRAL EXPWY., #1150
DALLAS TX 75231

STREET ADDRESS
CITY-ST-ZIP

000005133380--5
-03/19/02-01014-025
****150.00 ****150.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

BEARD, RICHARD A., III
4417 BAYSHORE BLVD.
TAMPA FL

STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

W. R. Cooper 2/12/02

214/360-1830

Date

Daytime Phone #

CR2E003 (9/01)

SP17103
AT