2002 UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

DOCUMENT # - A26524 1. Entity Name RESTAURANT MANAGEMENT IV LIMITED PARTNERSHIP LLL									·		8
								FILED			
Р						02 MAR 29 AM 9: 39					
Principal Place of Business Mailing Address 2699 LEE ROAD.#200 2699 LEE ROAD.# WINTER PARK FL 32789-4879 WINTER PARK FL					-4879		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business				3. Mailing Address				1818 7:0:0 Birdl Birdl Birdl (181) Birdl	AN BIBN BIBN BIBN BIBN	410 45	
Suite, Apt.	. #, etc.		S	Suite, Apt. #, etc.			DUE BY MAY 1, 2002				
City & Star	te		City & State			4. FEi Number	59-2893016	 	lied For Applicable		
Zip	-			p	Соиг	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Curren	t Registe	ered Agent		Name	7. Name and /	Address of New Registere	d Agent		
	OBERT H.						P Or Boy Number	is:Not:Acceptable):			
2699 LEE ROAD,#200						Street Address (P.O. Box Number is Not Acceptable)					
WINTER PARK FL 32789-4879						C***		7:- OI-			
						City			Zip Code		
8. The above	named entity	y submits this statement f	or the pu	rpose of changing its	register	ed office or register	red agent, or both	, in the State of Florida.			
SIGNATURE	Signature, typed	or printed name of registered agen	1 and title if a	upplicable.		710		DAT	F.		
9. Capital Contributions as Shown on record. \$71,970.00 in FLORIDA to date						11. MAKE CHECK PAYABLE TO DEPT. OF STA SEE REVERSE SIDE FOR FEE INFORMATION					
	A Ó	SENERAL PARTNER	THAT IS	S A BUSINESS EN	ITITY M	UST BE REGIST	TERED AND A	CTIVE WITH THIS OFF	ICE.		
12.	, , , , , , , , , , , , , , , , , , ,	GENERAL PARTNE			13.	i, an amenumen	it must be met	ADDRESS CHANGES			ź
DOCUMENT: NAME XSUNEX ROBERTXXX R. H. Stine LLC						EET ADDRESS				CB2E003 (e/o/3)	Ş.
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the receiv Resi By:	er or trustee taurant R. H.	empowered to execute the Management I	itnatimy is report V Lim	as required by Chap	tne same ter 620. F	e legal effect as if m Florida Statutes	ction 119.07(3)(i), lade under oath; t	Florida Statutes. I further of hat I am a General Partner	ertify that the info of the limited part	rmation tnership or	
SIGIVAI	UNE: 2	SIGNATURE AND TYPED OF			AL PARTNE	R X W	<u> </u>	Date	Daytime Phone #		