2001	ı UNII	FORM BUS	INESS R	EPORT	(UBR)		
DOCU 1. Entity Nam		# A2823	6				}
A J A PROPERTIES NO. 4, LTD.						FILED	,
Principal Place of Business C/O PETER LAWRENCE COMMERCIAL REAL ESTATE 4710 EISENHOWER BLVD., SUITE C-1 TAMPA FL 33634-6334 Mailing Address C/O PETER LAWRENCE COM 4710 EISENHOWER BLVD., S TAMPA FL 33634-6334						D1 FEB -8 PM 12: 42 SECRETARY OF STATE TALLAHASSEE FLORIDA	
2. Principal Place of Business 3. Mailing Address				SS) 1.00.001/ 10.00 10.00 10.00 11.000 (11.10 0.11 0.101 0.101 0.101 0.101 0.101 0.101 0.101 0.101 0.101 0.101 0.	DAI LEAI
Suite, Apt. #, etc. Suite, Apt. #				⊭, etc.		DO NOT WRITE IN THIS SPACE	
City & State			City & State	City & State		4. FEI Number Applied 59-2958212 Not Ap	d For opticable
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Addition Fee Required	nal
	6 Name	and Address of Current	Registered Agent-		Name	7. Name and Address of New Registered Agent	
PETER LAWERENCE COMMERCIAL REAL ESTATE,INC 4710 EISENHOWER BLVD. SUITE C-1					Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33634-6334					City FL Zip Code		
	named entity	submits this statement fo	or the purpose of cha	inging its registe	ered office or regist	tered agent, or both, in the State of Florida.	
					ered Agent signature required when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE		
as Shown on record. \$1,050,000.00 in F				nount of Capital Contributions FLORIDA to date.		SEE REVERSE SIDE FOR FEE INFORMATION	
	A G NOTE:	ENERAL PARTNER T General Partners MA	THAT IS A BUSIN AY NOT be chang	ESS ENTITY ed on the for	must be regis m; an amendme	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION					3.	ADDRESS CHANGES ONLY	
NAME	THE NALLA CORPORATION OF TAMPA, INC.				TREET ADDRESS ITY-ST-ZIP	200003676162-	-3
C(TY-ST-ZIP	TAMPA FL 33634-6334				111-31-21	-02/13/0101040014 ****526.25 ****526.	? . 25
DOCUMENT # NAME STREET ADDRESS				S	TREET ADDRESS		
CITY-ST-ZIP				CI	ITY-ST-ZIP		
DOCUMENT #			-	Si	TREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CI	ITY-ST-ZIP		
DOCUMENT # NAME				ST	TREET ADORESS		
STREET ADDRESS CITY-ST-ZIP				CI	ITY-ST-ZIP		
DOCUMENT # NAME				. si	TREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CI	ITY-ST-ZIP		
DOCUMENT #	•			SI	TREET ADDRESS		

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

CITY-ST-ZIP

James J. Shapiro, President The Nalla Corp of Tampa, Inc.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/01

7.7

813-889-8855