2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28943 1. Entity Name CAPITAL GAINS PARTNERS IV LTD.					FILED 02 FEB -4 PM 3: 41				
									Principal Place of Business Mailing Address 3590 U.S. HWY 17-92 3590 U.S. HWY 17-92 SUITE 101 SUITE 101 LAKE MARY FL 32746 LAKE MARY FL 32746
Principal Place of Business 3. Mailing Address								JEV 87871 87871 1881	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002				
City & State		City & State		4. FEI Number	59-2992588		Applied For Not Applicable		
Zip Country		Zip	Country		5. Certificate of	f Status Desired	\$8.75 Fee Requ		
	6. Name and Address of Curre	nt Registered Agent			-7. Name and /	Address of New Regist	ered Agent		
RIZOR, RUSSELL J 3590 U.S. HWY 17-92				Name Street Address (et Address (P.O. Box Number is Not Acceptable)				
SUITE 101 LAKE MARY FL 32746				City Zip Code					
SIGNATURE _	named entity submits this statement Signature, typed or printed name of registered age	nt and title if applicable.					DATE		
9. Capital Cor as Shown o	on record.	10. Amount of Capita in FLORIDA to da THAT IS A BUSINESS EN	ate.		TERED AND A	11. MAKE CHECK PA SEE REVERSE SI	DE FOR FEE INF		
	NOTE: General Partners N	IAY NOT be changed on th	ne form	; an amendmen	t must be filed	to change a genera	al partner.		
12.	GENERAL PARTN	ER INFORMATION	13.			ADDRESS CHANGE	S ONLY		
DOCUMENT / H31939 CAPITAL GAINS CO., INC. STREET ADDRESS 3590 U.S. HWY 17-92 #101				EET ADDRESS					
CITY-ST-ZIP DOCUMENT /	LAKE MARY FL			-ST-ZIP					
NAME Street address City-St-Zip				-ST-ZIP	50)000491 -02/12/02- *****526.2	-01051		
DOCUMENT.			STRE	ET ADDRESS -		**************************************		120.23	
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NAME *				ET ADORESS					
CITY-ST-ZIP	ortification information and the state of th	As Alia Citing January		-ST-ZiP		<u> </u>			
indicated of	ertify that the information supplied with on this report is true and accurate an error trustee empowered to execute the second of the execute to execute the execute to execute the execut	tn this filing does not qualify for d that my signature shall have the control of required by the control of th	tne exer he same	mption stated in Sec e legal effect as if m	ction 119.07(3)(i), ade under oath; t	Florida Statutes. I furthe hat I am a General Partr	er certify that the ner of the limited	information partnership or	

SIGNATURE:

1-14-02

(407)650-8801