

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014100 AT

DOCUMENT # **A29673**1. Entity Name  
**MIDLAND PROPERTIES LIMITED PARTNERSHIP IV****FILED**

03 APR -9 PM 4:24

Principal Place of Business  
**33 NORTH GARDEN AVENUE, SUITE 1200  
CLEARWATER FL 33755**Mailing Address  
**33 NORTH GARDEN AVENUE, SUITE 1200  
CLEARWATER FL 33755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City &amp; State

City &amp; State

4. FEI Number **59-2990864**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**MIDLAND FINANCIAL HOLDINGS, INC.  
33 NORTH GARDEN AVENUE, SUITE 1200  
CLEARWATER FL 33755**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record. **\$1,045,000.00**10. Amount of Capital Contributions  
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. 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 # **K22808**  
NAME **MIDLAND EQUITY CORPORATION**  
STREET ADDRESS **33 NORTH GARDEN AVENUE, SUITE 1200**  
CITY-ST-ZIP **CLEARWATER FL 33755**

STREET ADDRESS

CITY-ST-ZIP

**900015557309**  
04/03/03--01056--025 \*\*526.25DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**M THOMAS**

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 RICHARD C. ANGINO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**3/35/03**

Date

**(727) 461-4801**

Daytime Phone #

CR2E003 (10/02)