

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 MAR 27 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0016765  
AT

**DOCUMENT # A95000001208**  
1. Entity Name  
**FLORIDA CAPITAL INCOME FUND IV, LTD.**

Principal Place of Business <b>7826 COPPER RD CINCINNATI OH 45242</b>	Mailing Address <b>7826 COPPER RD CINCINNATI OH 45242</b>
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2. Principal Place of Business <b>Grove at Lakeland Square</b>	3. Mailing Address <b>Grove at Lakeland Square</b>
Suite, Apt. #, etc. <b>3570 U.S. Hwy 98 N.</b>	Suite, Apt. #, etc. <b>3570 U.S. Hwy 98 N.</b>
City & State <b>Lakeland Florida</b>	City & State <b>Lakeland Florida</b>

**DUE BY MAY 1, 2002**

4. FEI Number <b>59-3331096</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

Zip <b>33809</b>	Country <b>U.S.A.</b>	Zip <b>33809</b>	Country <b>U.S.A.</b>
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6. Name and Address of Current Registered Agent  
~~MCGRATH, GREGORY K  
4561 GULF OF MEXICO DR, #101  
LONGBOAT KEY FL 34228~~

7. Name and Address of New Registered Agent  
Name  
**Barcap Realty Services Group, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**Grove at Lakeland Square**  
**3570 U.S. Hwy 98 N.**  
City  
**Lakeland** FL Zip Code  
**33809**

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 Mark L Wilson VP Mark L Wilson, VP DATE 3/15/02  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$99.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P95000019928 BARON CAPITAL V, INC. 7826 COPPER RD CINCINNATI OH 45242</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>600005190466--E</b>
CITY-ST-ZIP	<b>-04/03/02--01070--016 ****150.00 ****150.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: Mark L Wilson Mark L Wilson, VP DATE 3/15/02 DAYTIME PHONE # 513 936 9408  
**9286**

STAPLE CHECK HERE

CR2E003 (9/01)