

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

DUE BY MAY 1, 2002

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

Zip 33809	Country U.S.A.	Zip 33809	Country U.S.A.
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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

State
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. \$99.00	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	P95000019928 BARON CAPITAL V, INC. 7826 COPPER RD CINCINNATI OH 45242
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600005190466--E
CITY-ST-ZIP	-04/03/02--01070--016 ****150.00 ****150.00
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SAMPLE CHECK HERE

CR2E003 (9/01)