

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001418 AT

DOCUMENT # A96000000936



1. Entity Name  
JULIAN'S 4 LIMITED PARTNERSHIP

FILED

03 JUN 13 AM 8:30

Principal Place of Business  
8220 STATE RD 84 #200  
DAVIE FL 33324

Mailing Address  
8220 STATE RD 84 #200  
DAVIE FL 33324

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0644606

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

MURRAY, C. ROBERT JR.  
8300 N.W. 53 STREET, STE. 300  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name DANIEL A. ISARR  
Street Address (P.O. Box Number is Not Acceptable) 8220 STATE ROAD 84 #200  
City DAVIE FL 33324

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.

1/6/03  
DATE

9. Capital Contributions as Shown on record. \$600,000.00

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 # P95000097940  
NAME WAAS, INC.  
STREET ADDRESS 8220 STATE ROAD 84, SUITE 200  
CITY-ST-ZIP DAVIE FL 33324

STREET ADDRESS  
CITY-ST-ZIP 800016956698  
04/24/03-01044-001 \*\*526.25

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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] AS PRESIDENT OF [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date 8/5/03  
Daytime Phone # 845.651.1550

CR2E003 (10/02)

STAPLE CHECK HERE