

2001 UNIFORM BUSINESS REPORT (UBR)

006449 AF

DOCUMENT # A97000001371

1. Entity Name

PREPPIES IV, LTD.

Principal Place of Business

6491 S.E. PARKWOOD DRIVE
STUART FL 34997

Mailing Address

C/O PASSARIELLO & STAIANO
6466 N.W. 5TH WAY
FT. LAUDERDALE FL 33309

FILED
01 FEB 28 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6491 S.E. Parkwood DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

Zip

34997

Country

USA

Zip

34997

Country

USA

4. FEI Number

65-0799844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN, EILEEN

518 NORTH RIVERPOINT DRIVE
STUART FL 34994

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$280,608.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$244,608.00

11. MAKE CHECK PAYABLE TO 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 # K38729
NAME BJO, INC.
STREET ADDRESS 3305 S.W. RIVERS END WAY
CITY-ST-ZIP PALM CITY FL 34990

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # K38747
NAME EGT, INC.
STREET ADDRESS 518 N. RIVERPOINT DRIVE
CITY-ST-ZIP STUART FL 33494

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS
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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:

Pres. Eileen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/26/01
Date

5612834433
Daytime Phone #

CR2E003 (11/00)