2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800000022

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1. Entity Name					-SECRETARY OF STATE		
THE FAWCETT FAMILY LIMITED PARTNERSHIP IV, LTD.				TSECRETARY OF STATE			
					100 MAY 12 PM 1: 33	\	
Principal Place of Business Mailing Address 11780 U.S. HIGHWAY ONE, SUITE 300 11780 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 3					TOCHRITZ III I		
2. Principal Place of Business 12213 N. Circle Drive 3. Mailing Address 12213 N. Cir				ive			
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat N. Palı	m Beach, FL	N. Palm Beach, FL		4. FEI Number 65-0803635	Applied For Not Applicable		
Zip 33408	Country USA	Zip 33408	Country USA			8.75 Additional ee Required	
	6. Name and Address of Current I	Registered Agent	Nan	30	7. Name and Address of New Registered Ag	jent /	
FHS CORPORATE SERVICES, INC.				TDeloitte & Touche; LLP			
11780 U.S. HIGHWAY ONE, SUITE 300				et Address (1645	Address (P.O. Box Number is Not Acceptable) 1645 Palm Beach Lakes Blvd.		
NORTH PALM BEACH FL 33408				Suite 900			
		<u>·</u>	City	West	Palm Beach FL	Zip Code 33408	
8. The above named entity submits this statement for the purpose of changing its reg				stered office or registered agent, or both, in the State of Florida.			
SIGNATURE/	Webster & Breed Signature, typed or printed name of registered agent a	MULLA by M nd title if applicable. (NOTE	(MACAN) : Registered Agent s	ignature required	Tersian Har Mary DATE DATE	110,2000	
9. Capital Contributions as Shown on record. \$500,000.00 in FLORIDA to date				· · · · ·	11. MAKE CHECK PAYABLE T SEE REVERSE SIDE FOR		
					TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partr	ier.	
12.	GENERAL PARTNER		13.		ADDRESS CHANGES ONLY		
DOCUMENT# NAME	P97000107276 FAWCETT, INC. 11780 U.S. HIGHWAY ONE, SUITE 300 NORTH PALM BEACH FL 33408			ESS 122	North Palm Beach, FL 33408		
STREET ADDRESS CITY-ST-ZIP							
DOCUMENT# NAME			STREET ADDR	ESS	1		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT#			STREET ADDR	ESS	and the second s	ا مىسىرى	
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP		7000032979 -86/29/8981		
DOCUMENT# NAME			STREET ADDR	ESS		****526.25	
STREET ADDRESS CITY - ST - ZIP		·	CITY-ST-ZIP				
DOCUMENT# NAME			STREET ADOR	ESS			
STREET ADORESS			CITY-ST-ZIP				
NAME	,		STREET ADDR	ESS			
STREET ADORESS CITY - ST - ZIP			CITY-ST-ZIP				
indicatéd the recei	on this report is true and accurate and ver or trustee empowered to execute this	that my signature shall have t s report as required by Chapt	ne same legal er 620, Florida	effect as if r Statutes	ection 119.07(3)(i), Florida Statutes. I further certifinade under oath; that I am a General Partner of the Pawlett Amul 1	ne limited partnership or	
SIGNAT	OBE: ATMITANISM (PANCETT WUTT	ŭ ≒"/ ,	131 1220	- WINC	1000	