

2001 UNIFORM BUSINESS REPORT (UBR)

0001418 AF

DOCUMENT # A98000000174

1. Entity Name

WORTHWHILE DEVELOPMENT IV, LTD.

Principal Place of Business

2949 W. STATE ROAD 434
SUITE 400
LONGWOOD FL 32779

Mailing Address

2949 W. STATE ROAD 434
SUITE 400
LONGWOOD FL 32779

2. Principal Place of Business

2933 W SR 434
Suite, Apt. #, etc.
Suite 101

3. Mailing Address

2933 W SR 434
Suite, Apt. #, etc.
Suite 101

City & State

City & State

Zip

Country

Zip

Country

FILED
01 FEB -5 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3523191

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROYALL, H J JR.

2949 W. STATE ROAD 434
SUITE 400
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2933 W SR 434
Suite 101

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

H J Royall, Jr. H J Royall, Jr. President of General Partner

1/02/01
DATE

9. Capital Contributions
as Shown on record.

\$8,625,122.90

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # P98000005132
NAME WORTHWHILE DEVELOPMENT IV, INC.
STREET ADDRESS 2949 W. STATE ROAD 434
CITY-ST-ZIP LONGWOOD FL 32779

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

2933 W SR 434, Ste 101

STREET ADDRESS

CITY-ST-ZIP

400003678004--3
-02/14/01--01003--008
****535.00 ****535.00

DOCUMENT #
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

H J Royall, Jr. H J Royall, Jr., President of the General Partner

1/2/01
Date

407-774-0303
Daytime Phone #

CR2E003 (11/00)