

2002 UNIFORM BUSINESS REPORT (UBR)

0009563 AT

DOCUMENT # A98000001120

1. Entity Name
G.L. HOMES OF BOYNTON BEACH ASSOCIATES IV, LTD.

FILED

02 APR 30 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33701

Mailing Address
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number 65-0838072

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

G.L. HOMES OF BOYNTON BEACH IV CORPORATION
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33701

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. \$9,900,000.00

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 #	P97000055549
NAME	G.L. HOMES OF BOYNTON BEACH IV CORPORATION
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200
CITY-ST-ZIP	CORAL SPRINGS FL 33701
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
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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: **4/16/02** **(954) 253-1730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE