

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002465**

1. Entity Name

MENAKER INVESTMENTS IV, LTD.

FILED

00 MAY 15 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1502 EAST BUENA VISTA DRIVE, #B1
LAKE BUENA VISTA FL 32830

Mailing Address

P.O. BOX 22189
LAKE BUENA VISTA FL 32830-2189

2. Principal Place of Business

3. Mailing Address

2815 DIRECTORS ROW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#500

City & State

City & State

ORLANDO

FL

4. FEI Number

59-3539797

Applied For

Not Applicable

Zip

Country

Zip

32809

Country

USA

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

MENAKER, MITCHELL G

1502 EAST BUENA VISTA DRIVE, #B1

LAKE BUENA VISTA FL 32830

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.

\$10,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000092128
NAME MENAKER INVESTMENTS IV, INC.
STREET ADDRESS 1502 EAST BUENA VISTA DRIVE, #B1
CITY - ST - ZIP LAKE BUENA VISTA FL 32830

STREET ADDRESS

CITY - ST - ZIP

900003289039--S
-06/14/00--01078--006
*****167.50 *****167.50

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70.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/25/00 407 859-8489