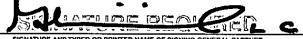
200	1 UNIFO	RM BUSI	NESS REPO	RT (	(UBR)				
DOCU 1. Entity Nar	MENT #	A99000	0002103	د در د مارا	-1				
SMIGIEL	SMIGIEL PARTNERS IV, LTD.					FIL	ED	_	
Principal Place of Business Mailing Address						101: 100 2	2 AM 10: 50	$\sim$	
7965 LANTAN LAKE WORTH			P.O. BOX 540623 LAKE WORTH FL 33454			. OCODETAE	RY OF STATE SEE FLORIDA	<b>*</b> <b>*******************</b> **************	
2. Principal f	Place of Business		3. Mailing Address					<b>98</b> 711 <b>38</b> 11 <b>3</b> 71881 17817 <b>98183</b> 1121 1881	
Suite, Apt	#, etc.		Suite, Apt. #, etc.	~e 1=			DO NOT WRITE IN	THIS SPACE	
City & Sta			City & State	<u> </u>		4. FEI Number	65-0889443	Applied For	
Zip Country			Zip Country		у	5 Certificate o		¢9.75 Additional	
	6. Name and A	ddress of Current R	registered Agent	<del></del> -			Address of New Registe	Fee Required	
o. Name and Address of Odfront Registered Agent					Name	· · · · · · · · · · · · · · · · · · ·			
SMIGIEL,				-	Street Addres	ss (P.O. Box Number	is Not Acceptable)		
7965 LANTANA ROAD LAKE WORTH FL 33467									
				_	City FL Zip Code				
8. The above	named entity submi	ts this statement for	the purpose of changing its r	egistered	office or regis	stered agent, or both,	in the State of Florida.		
SIGNATURE	Signature, typed or printed	name of registered agent an	d title if applicable. (NOTE:	Registered A	Agent signature requ	uired when reinstating)	C	DATE	
9. Capital Contributions as Shown on record. \$800,000.00 in FLORIDA to date							SEE REVERSE SIL	DE 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 CHANGE	- i.	
DOCUMENT # NAME	L93000000238 Gary Smigiel, L				ADDRESS				
	P.O. BOX 540623 LAKE WORTH FL	3		CITY-ST	T-ZIP			Applied For Not Applicable S8.75 Additional Fee Required  gistered Agent  Zip Code  da.  DATE PAYABLE TO DEPT. OF STATE E SIDE FOR FEE INFORMATION OFFICE. Peral partner.	
DOCUMENT <b>#</b> NAME		•		STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY-ST	T-ZIP		1000357		
DOCUMENT # NAME				STREET	ADDRESS		-01/26/01 ****526.2	01057018 25 ****526.25	
STREET ADDRESS CITY-ST-ZIP			•	CITY-S1	T-ZIP			· · · · · · · · · · · · · · · · · · ·	
DOCUMENT #					ADDRESS				
-STREET ADDRESS:		*	والمستور بمالين المتاريخ	CITY-ST	Γ-ZIP		<u>د د در </u>		
DOCUMENT #				STREET	ADDRESS				
STREET ADDRESS				CITY-ST	r-ZIP				
DOCUMENT #				STREET	ADDRESS				
STREET ADDRESS				CITY-ST	r-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:** 

CITY-ST-ZIP



Daytime Phone #