


# 2002 UNIFORM BUSINESS REPORT (UBR)

0017207 AT

**DOCUMENT # B00000000113**

1. Entity Name  
**P.O'B. CAPITAL PARTNERS IV, L.P.**

**FILED**  
2002 FEB 26 AM 10:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business: **5550 LBJ FREEWAY, SUITE 380 DALLAS TX 75240**

Mailing Address: **5550 LBJ FREEWAY, SUITE 380 DALLAS TX 75240**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number: **75-2872211**

Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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: **\$300,000.00**

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 #	<b>B00000000113</b>
NAME	<b>P.O'B. OPERATING PARTNERS IV, L.P.</b>
STREET ADDRESS	<b>5550 LBJ FREEWAY, SUITE 380</b>
CITY-ST-ZIP	<b>DALLAS TX 75240</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400005041494-1</b>
CITY-ST-ZIP	<b>0304202-01099-001</b> <b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>52</b>
CITY-ST-ZIP	
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: *[Signature]* **SIGNATURE REQUIRED** Date: **2/22/02** Daytime Phone #: **972-455-4904**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003 (9/01)