

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2001 08:00 AM
Secretary of State

DOCUMENT # B97000000191

1. Entity Name
FLORVEST FOUR, LIMITED PARTNERSHIP

| | |
|---|---|
| Principal Place of Business ATTN: BECKY FINCH 1051-H JOHNNIE DODDS BVD MT. PLEASANT SC 29464 | Mailing Address ATTN: BECKY FINCH 1051-H JOHNNIE DODDS BVD MT. PLEASANT SC 29464 |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
|--|--|

4. FEI Number **58-2292720**
 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 % CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324 US

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 **01/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **990.00**

10. Amount of Capital Contributions in FLORIDA to date. **990.00**

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 # | |
| NAME | ESD PROPERTIES, INC. |
| STREET ADDRESS | 1051-H JOHNNIE DODDS BLVD. |
| CITY-ST-ZIP | MT. PLEASANT SC 29401 |
| 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 | 1051-H JOHNNIE DODDS BLVD. |
| CITY-ST-ZIP | MT. PLEASANT SC 29464 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| 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: John H. Disher, ESD Properties, Inc. VP **01/24/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)