LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

APPRUVEL AND FILED

DOCUMENT # B9700000191

1. Entity Name

Florvest Four, Limited Partnership

02 APR -1 PM 1:49

SEGRETARY OF STATE TARLEAHASSEE, FLORIDA

DO NOT	WRITE	IN THIS	SPACE
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!	DO N	OT W	RITE II	N THIS SI	PAC	E					
2 Principal	Place of Busi	ness	2	Mailing Address							
	2. Principal Place of Business 216 Seven Farms Drive Same		Same			DO NOT WRITE IN THIS SPACE					
Suite, Apt Suite 2	t. #, etc.	tc. Suite, Apt. #, etc.						DUE BY MAY 1			
City & Sta	eston.	5C		City & State			4. FEI Numbe	FEI Number 58 - Z292720 Applied For Not Applied			
29HG	•	Country		Zip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			
					-	7. Name and Address of Current Registered Agent					
	DO NOT WRITE			1	Name CT Corporation System						
	L	ON O	IWKI		Γ	Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE				-	1000	- · · ·	20 F1 10 1				
	017.02					South Pine Island Road					
· · · · · · · · · · · · · · · · · · ·						city Pla	ntation	F		ip Code 33324	
8. The above	e named entit	y submits this sta	tement for the p	urpose of changing its	registered	office or regis	stered agent, or both	n, in the State of Florida.		2252	
SIGNATURE	Signature, typed	or printed name of regis	stered agent and title it	applicable.				DATE			
9. Capital Co as Shown		990.00				ıtions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A	GENERAL PAF	TNER THAT	S A BUSINESS EN	TITY MU	ST BE REGI	STERED AND A	CTIVE WITH THIS OFFICE	F	. WI CHARTION	
12.	NOTE				ne form;	an amendm	ent must be filed	to change a general pa	ertner.		
DOCUMENT #	GENERAL PARTNER INFORMATION F9700000 224							 			
NAME	ESDPO	D Properties, Inc.		STREET	ADDRESS						
STREET ADDRESS	216 Se	ven Farm	5 Drive, S	wite 200	CITY-S	ST.7/P E000051963960				E	
CITY-ST-ZIP	Charle	eston, SC	Z9492		OII (O	-ST-ZP 60000\$1963860 -04/08/0201007017				==017	
DOCUMENT # NAME					- STREET	ADDRESS		****141.25	***	*141.25	
STREET ADDRESS									· · · · · · · · · · · · · · · · · · ·		
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NAME					SIKEEL	ADDRESS					
STREET ADDRESS CITY-ST-ZIP	,				CITY-ST	r-ZIP	DO	NOT WR	TE		
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NAME					STREET	address	IN	THIS SPA	CE		
STREET ADDRESS					CITY-ST	710			· · · · · · ·		
CITY-ST-ZIP	<u>.</u>				CI11-31	-2(1					
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	ertifu that the	information supp	diad with this file	and door not explife for	45		2-46-440-07(0)	5 11 0 11 11			

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, Vice President, ESD Properties, Inc

843-881-7550