

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000238

1. Entity Name

V4 PARTNERS, L.P.

FILED

01 APR 16 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

201 SOUTH ORANGE AVENUE, SUITE 870
ORLANDO FL 32801

Mailing Address

201 SOUTH ORANGE AVENUE, SUITE 870
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3513959

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

7. Name and Address of New Registered Agent

CLIFFORD, W. MICHAEL
215 NORTH EOLA DRIVE
ORLANDO FL 32801

Name

Jonathan Rich

Street Address (P.O. Box Number is Not Acceptable)

200 South Orange Ave, Suite 2600

City

Orlando

FL

Zip Code
32801

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.

Jonathan Rich

(NOTE: Registered Agent signature required when reinstating)

3/26/01

DATE

9. Capital Contributions
as Shown on record.

\$100,000,000.00

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 # P98000020755
NAME V4, INC.
STREET ADDRESS 201 SOUTH ORANGE AVENUE, SUITE 850
CITY-ST-ZIP ORLANDO FL 32801

STREET ADDRESS

201 South Orange Ave, Suite 870

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James A Hughes, Jr

3-26-01

Date

Daytime Phone #

CR2E003 (11/00)