

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000729

1. Entity Name

FOUR DAR LIMITED PARTNERSHIP

FILED

00 FEB -1 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O BLUMENFELD ROSE & DEJONG, S.C.  
16620 W. BLUEMOUND RD., SUITE 500  
BROOKFIELD WI 53005

Mailing Address  
C/O BLUMENFELD ROSE & DEJONG, S.C.  
16620 W. BLUEMOUND RD., SUITE 500  
BROOKFIELD WI 53005-5919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 39-1952570

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

COOPER, STEVEN R  
6204 14TH STREET WEST  
BRADENTON FL 34207

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$7,500.00

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 # M98000001620  
NAME E.L.K. IV LLC  
STREET ADDRESS 16620 W. BLUEMOUND RD., SUITE 500  
CITY - ST - ZIP BROOKFIELD WI 53005

STREET ADDRESS

CITY - ST - ZIP

7000003121787--3  
-02/03/00--01007--001  
\*\*\*\*\*88.75 \*\*\*\*\*39.75

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#141.25-PP  
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

E.L.K. IV LLC, General Partner

SIGNATURE: By: *[Signature]* Robert J. deJong, Mgr. Mem. 1/17/00 (262) 789-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #