

# 2002 UNIFORM BUSINESS REPORT (UBR)

0013063 AT

DOCUMENT # B99000000070

1. Entity Name

SOUTH ATLANTIC PRIVATE EQUITY PARTNERS IV, LIMITED PARTNERSHIP

APPROVED  
AND  
FILED

02 MAR -6 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business C/O SOUTH ATLANTIC CAPITAL, INC. 614 WEST BAY STREET TAMPA FL 33606	Mailing Address C/O SOUTH ATLANTIC CAPITAL, INC. 614 WEST BAY STREET TAMPA FL 33606
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DUE BY MAY 1, 2002	
4. FEI Number 59-3455254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBER, SANDRA P  
C/O SOUTH ATLANTIC CAPITAL, INC.  
614 WEST BAY STREET  
TAMPA FL 33606

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. \$4,999,900.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	F98000003008
NAME	SOUTH ATLANTIC PRIVATE EQUITY PTNRS IV, INC
STREET ADDRESS	614 WEST BAY STREET
CITY-ST-ZIP	TAMPA FL 33606

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300005097823
CITY-ST-ZIP	-03/12/02--01070--019
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
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: DONALD W. BURTON 3/1/02 813-253-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE