## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L0000000161

## FALCON PARTNERS REALTY AND CAPITAL IV. LLC



**FILED** Apr 29, 2003 8:00 am Secretary of State 04-29-2003 90029 004 \*\*\*\*55.00

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Principal Plac	e of Business		Mailing Address	}							
3300 UNIVERSI SUITE 001 CORAL SPRING			3300 UNIVERSITY SUITE 001 CORAL SPRINGS				! <b>(</b>    <b>10</b>    <b></b>	<b>1</b> 111 <b>18</b> 111 <b>18</b> 111	85(B) (ISIA 21		
2. Principal Place of Business			3. Mailing Addre	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, e	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State			4. FEI Numb	per <b>65-0973028</b>			oplied For	
Zip		Country	Zip	Zip Country		5. Certificate	5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name a	nd Address of Current	Registered Agent	jistered Agent			7. Name and Address of New Registered Agent				
		4 - 2 · *		15-4 - 1- ;	Name	  -#2451-			-		
DIFIORE, COREE 3300 UNIVERSITY DR.					Street Address (P.O. Box Number is Not Acceptable)						
COR	IAL SPRINGS	FL 33065									
					City			FL	Zip Code	е	
8. The above the obligat	named entity s ions of register	submits this statement for ed agent.	or the purpose of cha	nging its register	ed office or registe	ered agent, or bo	oth, in the State of Flori	da. I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed or a	printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent signature require	ed when reinstating)		DATE			
				II E NOWIII	FEE IS \$50.00						
			_		orida Departm						
9.		MANAGING MEMBE	RS/MANAGERS	10.	·		ADDITIONS/C	HANGES			
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NAME	FALCONE,	ARTHUR	De	· NAM				L	Change	Add::ion	
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11. I hereby c	ertify that the in	formation supplied with	this filing does not a		<u></u>	ection 119 07(3)	(i) Florida Statutes 1 fi	irther certify	that the in	formation	

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAC MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4-24-03