

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000002421

1. Entity Name  
C/MAX CAPITAL (ENTENTE INVESTMENT GP) - IV, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 23 PM 3:08

W/04/07/04

Principal Place of Business  
515 E. LAS OLAS BLVD., SUITE 1020  
FT. LAUDERDALE, FL 33301

Mailing Address  
515 E. LAS OLAS BLVD., SUITE 1020  
FT. LAUDERDALE, FL 33301



2. Principal Place of Business

3. Mailing Address

1550 SAWGRASS CPT PKWY 1550 SAWGRASS CPT PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#230

#230

City & State

City & State

SUNRISE, FL

SUNRISE, FL

Zip

Country

Zip

Country

33323

USA

33323

USA

02122004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

52-2221797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, MARC M  
515 E. LAS OLAS BLVD., SUITE 1020  
FT. LAUDERDALE, FL 33301

Name

KEVIN M. WATSON

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

1550 SAWGRASS CPT PKWY

#230

City

SUNRISE

FL

Zip Code

33323

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/04

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME WATSON, MARC M  
STREET ADDRESS 515 E. LAS OLAS BLVD., SUITE 1020  
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE MGRM ☒ Change ☐ Addition  
NAME MARC M. WATSON  
STREET ADDRESS 1550 SAWGRASS CPT. PKWY. #230  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE MGRM ☐ Delete  
NAME WATSON, KEVIN M  
STREET ADDRESS 515 E. LAS OLAS BLVD., SUITE 1020  
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE MGRM ☒ Change ☐ Addition  
NAME KEVIN M. WATSON  
STREET ADDRESS 1550 SAWGRASS CPT. PKWY. #230  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000030962030  
03/24/04--01003--011 \*\*2455.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

KEVIN WATSON

3/8/04

954.315.6602