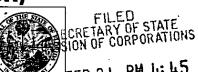
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**2003 LIMITED LIABILITY COMPANY** 

UNIFORM	BUSINESS	REPORT	(UBF
DOCUMENT # [ 1. Entity Name	_000000024	21	

C/MAX CAPITAL (ENTENTE INVESTMENT GP) - IV, LLC



DM 1-1-5

				SE WE IN	83 FEB 21 PM	4.40			
Principal Plac	e of Business		Mailing Address						
515 E. LAS OLAS BLVD., SUITE 1020 FT. LAUDERDALE FL 33301			515 E. LAS OLAS BLVD SUITE 1020 FT. LAUDERDALE FL 33301			,			
2. Principal Place of Business 3. Mailing Address			3. Mailing Address					184 181 188	
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State City & State			4. FEI Number	E0 0004707		pplied For			
_			Sity & diate			52-2221797	<del> </del>	ot Applicable	
Zip	Countr	'y	Zip	Country  5. Certificate of Status Desired  Fee Required Fee Required					
	6. Name and Add	ress of Current Rec	Istered Agent	<u> </u>	7. Name and Ad	dress of New Registers			
1445				Name		<u> </u>		1	
	rson, marc m E. Las olas blyt	SUITE 1020		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	LAUDERDALE FL 3			-			<del>-</del>		
		•			· -				
			·	City		-	Zip Cod		
8. The above the obligati	named entity submits ions of registered ager	this statement for the nt.	purpose of changing its	registered office or regi	stered agent, or both, in	n the State of Florida. I a	m familiar with,	and accept	
SIGNATURE .	Signature, typed or printed na	me of registered event and til	tle if explicable /NOTE	: Registered Agent signature reg	u indutes classifica	DAT			
	against the particular to the	The divergination agost data in	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	DATE	-		
				W!!! FEE IS \$50.0				ľ	
			Make Check Payabl	e to Florida Departi By May 1, 2003	ment of State				
9.	1401	NAGING MEMBERS	<u> </u>	10.		* DD (T) C ( ) C (			
TITLE	MGRM	NAGING MEMBERS	Delete	TITLE		ADDITIONS/CHANG		Addition	
NAME	WATSON, MARC	М	1 Detete	NAME			☐ Change	☐ Addition j	
STREET ADDRESS	515 E. LAS OLAS		20	STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE		<del></del>	CITY-ST-ZIP					
TITLE	MGRM		☐ Deletè	TITLE			☐ Change	☐ Addition	
NAME	Watson, Kevin			NAME					
STREET ADDRESS CITY-ST-ZIP	515 E. LAS OLAS		20	STREET ADDRESS CITY-ST-ZIP	חל	001287	4つファ		
	FT. LAUDERDALE	FL 33301	По			<del>03 01009 0</del>	<del>!9_**13</del>	02,50	
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STREET ADDRESS				STREET ADDRESS					
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STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
11. I hereby c	ertify that the informati	on supplied with this	filing does not qualify for	the exemption stated in	Section 119.07(3)(i), FI	orida Statutes. I further o	ertify 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.

Daytime Phone #