

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004424

1. Entity Name
SOUTH BAY DEVELOPERS IV, L.C.

FILED

01 MAY -2 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
104 CRANDON BOULEVARD, SUITE 417
KEY BISCAYNE FL 33149

Mailing Address
104 CRANDON BOULEVARD, SUITE 417
KEY BISCAYNE FL 33149



2. Principal Place of Business
104 CRANDON Blvd
Suite, Apt. #, etc.
306

3. Mailing Address
104 CRANDON Blvd
Suite, Apt. #, etc.
306

DO NOT WRITE IN THIS SPACE

City & State
Key Biscayne FL
Zip 33149 Country US

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Key Biscayne FL
Zip 33149 Country US

4. FEI Number
65-0999702
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORTES, ROBERTO
ALLEGIANCE PARTNERS, INC.
104 CRANDON BOULEVARD, SUITE 417
KEY BISCAYNE FL 33149

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	Allegiance Partners	104 CRANDON Blvd	Key Biscayne, FL 33149	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 608, Florida Statutes.

SIGNATURE: Guillermo Cedeño 4/27/01 (305) 365-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0008908 AF

CR2E083 (11/00)