

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90027 001 \*\*\*\*55.00

**DOCUMENT # L00000004424**

1. Entity Name

**SOUTH BAY DEVELOPERS IV, L.C.**



Principal Place of Business

Mailing Address

104 CRANDON BOULEVARD, #306  
KEY BISCAYNE FL 33149

104 CRANDON BOULEVARD, #306  
KEY BISCAYNE FL 33149

2. Principal Place of Business

3. Mailing Address

**10 W. WASHITA DR.**

**10 W. WASHITA DR.**

Suite/Apt. #, etc.

Suite/Apt. #, etc.

**2**

**2**

City & State

City & State

**KEY BISCAYNE, FLORIDA**

**KEY BISCAYNE, FLORIDA**

Zip **33149**

Country

Zip **33149**

Country



☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**CORTES, ROBERTO**  
**ALLEGIANCE PARTNERS, INC.**  
**104 CRANDON BOULEVARD, SUITE 306**  
**KEY BISCAYNE FL 33149**

Name **CORTES, ROBERTO**  
Street Address (P.O. Box Number is Not Acceptable)  
**ALLEGIANCE PARTNERS, INC.**  
**10 W. WASHITA DR. #2**  
City **KEY BISCAYNE** FL Zip Code **33149**

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]* **ROBERTO CORTES**

**07/07/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. PRESIDENT ADDITIONS/CHANGES

TITLE **MGRM**  
NAME **ALLEGIANCE PARTNERS**  
STREET ADDRESS **104 CRANDON BLVD**  
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **ROBERTO CORTES**  
NAME **10 W. WASHITA DR. #2**  
STREET ADDRESS **KEY BISCAYNE, FL 33149**  
CITY-ST-ZIP

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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: *[Signature]* **ROBERTO CORTES**

**07/07/03 (285)3657626**

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

Date

Daytime Phone #

CR2E083 (10/02)

0018798