

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011980

1. Entity Name

BOCA RATON IV, LLC

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 AUG 22 PM 4:19



DO NOT WRITE IN THIS SPACE

Principal Place of Business

600 CASS AVE.  
WOONSOCKET RI 02895

Mailing Address

600 CASS AVE.  
WOONSOCKET RI 02895

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0420529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JAMES J. WHEELER, P.A.  
7777 GLADES ROAD  
SUITE 300  
BOCA RATON FL 33434

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. 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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 25, 2002

300005134343 -- 9  
03/19/02 -- 01047 - 018  
\*\*\* 205.06 \* \*\*\* 55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
General Partner MGRM  
John J Boucher  
600 Cass Ave  
Woonsocket, RI 02895

☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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 REQUIRED

7-8-02

03-0719-1172

CR2E083 (4/02)