## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000019604

1. Entity Name

CARGOR PARTNERS IV - BOBCAT LC



**FILED** Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90056 010 \*\*\*\*55.00

			1		1				
Principal Place of Business Mailing Address 7419 39TH COURT EAST 7419 39TH COURT EAST					] .	აიიაგაგ	ı		
SARASOTA FL 34243		7419 39TH COURT EAST SARASOTA FL 34243			 		-		
2. Principal 23/3 Suite, Ap		3. Mailing Address 22/2 58 th / Suite, Apt. #, etc.	58th Aue E.		☐ CHECK HERE IF MAKING CHANGES				
Bradenton, FL		Bradenton	Bradenton FL		4. FEI Number 65-1131994 Applied For				
348		Zip 24203	Country	SA	5. Certificate of	Status Desired	\$5 Fe		Not Applicable dditional red
<u> </u>	6. Name and Address of Curre	nt Registered Agent			7. Name and Ac	Idress of New Re	gistered Age	nt	
KNOWLES, TIMOTHY A				Name					
1205 MANATEE AVE. WEST BRADENTON FL 34205			Stree	t Address (F	P.O. Box Number is Not Acceptable)				
			City				<b>—</b> , 1	Zip Co	do
8. The above	e named entity submits this statement tions of registered agent.	for the purpose of changing its ro	agistored office				FL		
the obliga	tions of registered agent.	to the purpose of changing its re	agistered office	or registere	d agent, or both, in	n the State of Florid	da. I am fam	iliar with	, and accept
SIGNATURE									
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered Agent sig	nature required w	when reinstating)		DATE		
		FILE NOV	N!!! FEE IS	\$50.00				-	<del></del>
		Make Check Payable			t of State				ļ
9.	MANIA CINIO NACINA		By May 1, 20	03		•			ı
TITLE	MANAGING MEME		10.			ADDITIONS/CI	HANGES		
NAME	BERUFF, CARLOS	Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS	7419 39TH COURT EAST		STREET ADDRESS	:					
CITY-ST-ZIP	SARASOTA FL 34243		CITY-ST-ZIP	1					
TITLE	D	☐ Delete	TITLE	1 -	<del></del>			Change	Addition
NAME STREET ADDRESS	JACOBSON, JAKE 16 HIGHLAND AVE		NAME				Ь	Orlange	Addition (
CITY-ST-ZIP	CAMBRIDGE MA 02139		STREET ADDRESS CITY-ST-ZIP			-			
TITLE	CHARDINGOL MA 02 103	Delete = ====				<del></del>			
NAME			NAME		· · · • · · · · · · · · · · ·	and the second	<del>-</del>	Change*	Addition *
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE					Change	Addition
STREET ADDRESS			NAME STREET ADDRESS					-	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	,					
TITLE		☐ Delete	TITLE	<del> </del>	<u> </u>			26	
NAME			NAME	[				Change	Addition
STREET ADDRESS CITY-ST-ZIP		Ĭ	STREET ADDRESS	ľ					}
TITLE			CITY-ST-ZIP						
NAME		☐ Delete	TITLE NAME					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 eath; that I am a managing member or manager of the limited liability company or the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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

(941)359-9000