

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

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

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

**DOCUMENT # L01000019604**

1. Entity Name

**CARGOR PARTNERS IV - BOBCAT LC**



Principal Place of Business

**7419 39TH COURT EAST  
SARASOTA FL 34243**

Mailing Address

**7419 39TH COURT EAST  
SARASOTA FL 34243**

2. Principal Place of Business

**2212 58th Ave E.**

3. Mailing Address

**2212 58th Ave E.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Bradenton, FL**

City & State

**Bradenton, FL**

Zip

**34203**

Country

**USA**

Zip

**34203**

Country

**USA**

6. Name and Address of Current Registered Agent

**KNOWLES, TIMOTHY A  
1205 MANATEE AVE. WEST  
BRADENTON FL 34205**

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**BERUFF, CARLOS**  
**7419 39TH COURT EAST**  
**SARASOTA FL 34243**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**JACOBSON, JAKE**  
**16 HIGHLAND AVE**  
**CAMBRIDGE MA 02139**

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10. ADDITIONS/CHANGES

TITLE  
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CR2E083 (10/02)

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**

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

**2/17/03 (941) 359-9000**

Date

Daytime Phone #