

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

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90125 040 \*\*\*\*50.00

**DOCUMENT #** L01000021627

1. Entity Name

UNIVERSAL LAND TITLE INVESTMENT #4, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1555 Palm Beach Lakes Blvd.

3. Mailing Address

Same as principal

Suite, Apt. #, etc.

Suite 1000

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

4. FEI Number

01-0587464

Applied For

Not Applicable

Zip

33406

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Universal Land Title, Inc.

Street Address (P.O. Box Number is Not Acceptable)

~~1555 Palm Beach Lakes Blvd.~~ Suite 1000

City

West Palm Beach

**FL**

Zip Code

33401

**DO NOT WRITE  
IN THIS SPACE**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Universal Land Title, Inc.  
1555 Palm Beach Lakes Blvd.  
Suite 1000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
West Palm Beach, FL 33401

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CITY-ST-ZIP

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IN THIS SPACE**

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:

*Michael D. Cooper*

3-18-02

561-689-8200

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

Date

Daytime Phone #

CR2E083B (12/01)