

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90086 018 ****50.00

DOCUMENT # L02000028543

1. Entity Name
P.M. MIDWAY REALTY IV, LLC



Principal Place of Business Mailing Address
C/O RICHARD N. KRINZMAN, P.A. C/O RICHARD N. KRINZMAN, P.A.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR 2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133 MIAMI FL 33133

2. Principal Place of Business 3. Mailing Address
~~PM Associates~~ ~~PM Associates~~
Suite, Apt. #, etc. Suite, Apt. #, etc.
3078 Old Still Lane **3078 Old Still Lane**
City & State City & State
Weston, FLA **Weston, FLA**

Zip Country Zip Country
33331 USA **33331 USA**

4. FEI Number Applied For
65-0881378 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
RICHARD N. KRINZMAN, P.A. Legal Information Services Name **Ray Oppenheimer**
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR 1290 Weston Rd. Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33133 Suite 300 **1290 Weston Road Suite 300**
Weston, FL 33336 City **Weston** FL **33331**

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]** 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. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLORIA MARTIN FAM. TRUST/BNFT OF P. MARTIN		NAME		
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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]** SIGNATURE RE **Perry Martin** 1-13-03 954 817-3988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)