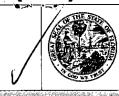
LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

L02000033688 **DOCUMENT #**

1. Entity Name

GYPSY GIRL IV LLC



FILED Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90015 021 ****50.00

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2. Principal Place of Business
12520 Seminole Blach Rd

DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Agent

DO NOT WRITE IN THIS SPACE

		7. Name a	and Address o	of Current R	egistered
Name	Ag	ratha	T.	Ulr	ich

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

Jeminole

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

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1

MANAGING MEMBERS/MANAGERS CR2E083B (12/02) TITLE Seminole Beach Rd ahm Beach, Fl NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP. TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 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:

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

Date

Daytime Phone #