

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

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

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

DOCUMENT # L02000033688

1. Entity Name



GYPSY GIRL IV LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12520 Seminole Beach Rd

3. Mailing Address

6400 S 27th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
North Palm Beach, FL

City & State  
Oak Creek, WI

4. FEI Number

75-3089933

Applied For

Not Applicable

Zip  
33408

Country  
USA

Zip  
53154

Country  
USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Agatha T. Ulrich

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

12520 Seminole Beach Rd

City

North Palm Beach FL

Zip Code

33408

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.

DATE

**FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
sole member  
Agatha T. Ulrich  
12520 Seminole Beach Rd  
North Palm Beach, FL  
33408

TITLE  
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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:**

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

Date

Daytime Phone #

CR2E083B (12/02)