

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027413

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: WINFIELD PARTNERS IV, LLC

**Current Principal Place of Business:**

121 WEST 92ND STREET  
NEW YORK, NY 10025

**New Principal Place of Business:**

**Current Mailing Address:**

121 WEST 92ND STREET  
NEW YORK, NY 10025

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUBBARD, STEVEN W ESQ  
2320 FIRST STREET, STE. 1000  
FORT MYERS, FL 339012904 US

**Name and Address of New Registered Agent:**

HUBBARD, STEVEN W ESQ  
2320 FIRST STREET  
SUITE 1000  
FORT MYERS, FL 339012904 US

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:

04/22/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: KAMHI, MAX  
Address: 121 WEST 92ND STREET  
City-St-Zip: NEW YORK, NY 10025

Title: MGR (X) Delete  
Name: GABLER, CHARLES  
Address: 121 WEST 92ND STREET  
City-St-Zip: NEW YORK, NY 10025

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ORBIS PROPERTIES, LL, C  
Address: 121 WEST 92ND STREET  
City-St-Zip: NEW YORK, NY 10025

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MAX KAMHI

MGRM

04/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date