

# 2001 UNIFORM BUSINESS REPORT (UBR)

02-19-2002 90041 006 \*\*\*155.00

L99000001896

DOCUMENT # L99000001896

1. Entity Name

BAYTREE IV, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR -5 AM 10:43

Principal Place of Business

Mailing Address

~~314 LAFAYETTE ROAD~~  
HAMPTON NH 03842

P.O. BOX 2062  
NEW CASTLE NH 03854

2. Principal Place of Business

3. Mailing Address

1 PARK AVE

P. O. Box 2062

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hampton, NH

New Castle NH

Zip

Country

Zip

03854

Country

USA

4. FEI Number

02-0506891

Applied For

Not Applicable

5. Certificate of Status Desired

A \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, GEORGE G JR.  
756 BEACHLAND BOULEVARD  
VERO BEACH FL

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/02

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
NIGRELLI, THOMAS L  
~~314 LAFAYETTE ROAD~~  
HAMPTON NH 03842

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1 PARK AVE 732

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
NIGRELLI, JOYCE L  
~~314 LAFAYETTE ROAD~~  
HAMPTON NH 03842

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.O. BOX 2062  
NEW CASTLE, NH 03854

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500005234895  
04/10/02-01029-007  
\*\*\*\*\*45.00 \*\*\*\*\*45.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STATEMENT 01-02

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4/5

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 REQUIRED

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

2/8/02 603-926-4200

CP2E083 (5/01)