2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 27 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001643

1. Entity Name
WASHINGTON PROPERTIES IV, L.L.C.

Principal Place of Business	Mailing Address
1250 E. 113TH AVE. TAMPA FL 33612	PO BOX 66677 MADEIRA BEACH FL 33738-6677

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	PO Box 7063
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Loveland CO.
Zip / Country	Zip: 80537 / Country

4. FEI Number 84-1246282 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STICKLER, DAVID B
1250 E. 113TH AVE
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name: David B Stickler
Street Address (P.O. Box Number is Not Acceptable): 218 5th Ave North
City: St Petersburg FL Zip Code 33701

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] David B Stickler 1-31-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STICKLER, DAVID 1250 E. 113TH AVE. TAMPA FL 33612 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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] David Stickler 1-31-02 727-638-0486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #