

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91462 024 \*\*\*\*50.00

DOCUMENT # M00000002027

1. Entity Name

Switch & Data FL Four LLC

**DO NOT WRITE IN THIS SPACE**

946949

2. Principal Place of Business

Meridian Bldg.

3. Mailing Address

1715 N. West Shore Blvd. #650

Suite, Apt. #, etc.

326 Fern St.

Suite, Apt. #, etc.

Suite 650

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

Tampa, FL 33607

4. FEI Number

59-3668868

Applied For

Not Applicable

Zip

Country

USA

Zip

33607

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Jays St.

City

Tallahassee

FL

Zip Code

32301-2525

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.

DATE

**FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager  
Switch & Data Facilities Company  
LLC, 1715 N. West Shore Blvd. #650  
Tampa, FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
See Attached for Managing Members

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
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

Patricia L. Higgins, 4/2/02 813-207-7700

Date

Daytime Phone #

CR2E083B (12/01)

James Lavin  
483 Winthrop Road  
Teaneck, NJ 07666