

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002570

1. Entity Name

VEF IV FUNDING LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3424 Peachtree Rd., NE

Suite, Apt. #, etc.

Suite 800

City & State

Atlanta, GA

Zip
30326

Country
USA

3. Mailing Address Attn: Gail Knight

3424 Peachtree Rd., NE

Suite, Apt. #, etc.

Suite 800

City & State

Atlanta, GA

Zip
30326

Country
USA

4. FEI Number

58-2506276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, FL 33324

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 re-registering)

DATE

FILE NOW!!! FEES \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: Co-Manager & Member ☐ Delete
NAME: VEF IV Funding Corporation
STREET ADDRESS: 3424 Peachtree Rd., NE, Ste. 800
CITY-ST-ZIP: Atlanta, GA 30326

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
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TITLE: ☐ Delete
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CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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:

Debbie J. Newmark

Debbie J. Newmark

04/25/01

404-848-8600

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

Date

Telephone Number

CR2E083 (11/00)

FILED

01 MAY -2 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE