

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

2003 MAY -2 PM 6:38

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M02000003028

1. Entity Name

TAMPA OAKS IV, L.L.C.



Principal Place of Business

4200 WEST CYPRESS STREET, SUITE 444
TAMPA FL 33607

Mailing Address

4200 WEST CYPRESS STREET, SUITE 444
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

30-0126907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RAUENHORST, JOSEPH J
1300 SAWGRASS CORPORATION PARKWAY, #144
SUNRISE FL 33323

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GREENFIELD, BARRY W
4200 WEST CYPRESS STREET, SUITE 444
TAMPA FL 33607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500017861495
05/02/03--01008--023 **50.00

☐ Change ☐ Addition

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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:

Barry W Greenfield
SIGNED

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

4/29/03

Date

813-877-4444

Daytime Phone #

CR2E083 (10/02)

0034162