

# 2000 UNIFORM BUSINESS REPORT (UBR)

0017181 N

DOCUMENT # M97000000856

1. Entity Name

OCEAN FRONT IV, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:09

Principal Place of Business

180 NICKERSON STREET, SUITE ~~405~~ 212  
SEATTLE WA 98109

Mailing Address

180 NICKERSON STREET, SUITE ~~405~~ 212  
SEATTLE WA 98109-1631



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

212

City & State

City & State

4. FEI Number

91-1827650

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

55<sup>00</sup>

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS RS DEVELOPMENT COMPANY  
CITY- ST- ZIP 180 NICKERSON STREET, SUITE ~~405~~ 212  
SEATTLE WA 98109

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS Suite 212  
CITY- ST- ZIP

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS SALANT, RUBIN  
CITY- ST- ZIP 180 NICKERSON STREET, SUITE ~~405~~ 212  
SEATTLE WA 98109

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS Suite 212  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003121914--E  
CITY- ST- ZIP -02/03/00--01007--026  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS [Signature]  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Todd W. Daxsen Vice Pres

Date

RS DEVELOPMENT CO

1/25/00 306/284-9971

Daytime Phone #

CR2E083 (9/99)