2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054774 1. Entity Name LANDCO IV, INC.				Feb 06, 2002 8:00 am Secretary of State 02-06-2002 90072 036 ***150.00	
3200 N FEDER SUITE 128 BOCA RATON	FL 33431	Mailing Address 3200 N FEDERAL HWY SUITE 128 BOCA RATON FL 33431			
2. Principal P 2 220 Suite, Apt.		3. Mailing Address 220 N. De Suite, Apt. #, etc.	KIE HWY	DO NOT WRITE IN THIS SPACE	
City & Stat	RATION FL	City & State 13 CCA RATON,	FL	4. FEI Number 65-0594537 Applied For Not Applicable	
Zip 334		Zip 33431	Country US A	5. Certificate of Status Desired See Required Fee Required	
;	6. Name and Address of Current F	legistered Agent	N	7. Name and Address of New Registered Agent	
3200-N FE SUITE 128	LD, ROBERT D EDERAL HWY B TON FL 33431		222		
			1 60	11111	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or regis	stered agent, or both, in the State of Florida.	
SIGNATURE.	Signature, typed or printed name of registered agent ar	beriold Rod (NOTE: R	abert D Ac	bersold /-/7-2002 DATE DATE	
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	•	FEE IS \$150.00 Fee will be \$550.00 to Department of S		
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST AEBERSOLD, ROBERT D 3200 N FEDERAL HWY SUITE 128 BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BY Change Addition & Second RATON FL 33431	Trost (8/ 5
TITLE ## NAME STREET ADDRESS	,	☐ Delete	TITLE NAME STREET ADDRESS	Change Addition	ל
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition	
				Section 119.07(3)(i), Florida Statutes. I further certify that the information	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

| Signature and typed or Printed Name of Signing Officer on Director
| Date | Daytime Phone # SIGNATURE: