

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -7 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # Z00627

1. Entity Name  
FU HWA IV, L.C.

Principal Place of Business  
925 N. TROPICAL TRAIL  
MERRITT ISLAND FL 32953

Mailing Address  
2845 N. MILITARY TRAIL  
WEST PALM BEACH FL 33409



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
9322 N. MILITARY TR  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
PALM BCH GONS FL

4. FEI Number 65-0365516

Applied For  
Not Applicable

Zip Country

Zip Country  
33410 USA

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

HUNG WU, MARTHA  
925 N. TROPICAL TRIAL  
MERRITT ISLAND FL 32953

Name  
SLOAN KENDALL REALTY INC  
Street Address (P.O. Box Number is Not Acceptable)  
9322 N. MILITARY TR  
City PALM BCH GONS FL FL Zip Code 33410

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  
SLOAN KENDALL REALTY INC  
DAVID KENDALL, PRES  
Signature, typed or printed name of registered agent and title if applicable.

David Kendall as President 4/27/01  
(NOTE: Registered Agent signature required when reinstating) DATE

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

200004368442--0  
-06/07/01--01008--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNG, MARTHA WU 925 N. TROPICAL TRAIL MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMT CONTINENTAL PROPERTIES INC 2845 N MILITARY TRAIL STE 17 WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PROP MGR SLOAN KENDALL REALTY INC 9322 N. MILITARY TR PALM BCH GONS FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David Kendall REQUIRED

4/27/01 561 624 3444