


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90105 002 ****50.00

DOCUMENT # Z00627 1. Entity Name FU HWA IV, L.C.	
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Principal Place of Business 925 N. TROPICAL TRAIL MERRITT ISLAND FL 32953	Mailing Address 9040 BAY HARBOR CIR WEST PALM BEACH FL 33411
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44009649



MOORE CR2E083 (11/03)

2. Principal Place of Business 2845 N. MILITARY TR	3. Mailing Address Suite, Apt. #, etc.
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City & State WEST PALM BEACH	City & State
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4. FEI Number 65-0365516	Applied For <input type="checkbox"/> Not Applicable
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Zip 33409	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KENDALL, DAVID C/O SLOAN KENDALL REALTY 9040 BAY HARBOR CIR WEST PALM BEACH FL 33411	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNG, MARTHA WU	NAME	
STREET ADDRESS	925 N. TROPICAL TRAIL	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN KENDALL REALTY INC	NAME	
STREET ADDRESS	9322 N MILITARY TR	STREET ADDRESS	9040 Bay Harbor Cir
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	CITY-ST-ZIP	WEST PALM BEACH FL 33411
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *David Kendall* **1/27/04 561-656-1406**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #