
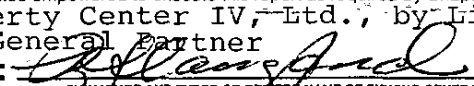


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A03000000546					
1. Entity Name LIBERTY CENTER IV, LTD.					
Principal Place of Business 909 N. LIBERTY ST. JACKSONVILLE FL 32206			Mailing Address 909 N. LIBERTY ST. JACKSONVILLE FL 32206		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0375976	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, ROBERT L SR. 909 N. LIBERTY ST. JACKSONVILLE FL 32206				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT # N27226				STREET ADDRESS	
NAME LIBERTY CENTER FOR THE HOMELESS, INC.					
STREET ADDRESS 909 N. LIBERTY ST.				CITY-ST-ZIP	
CITY-ST-ZIP JACKSONVILLE FL 32206					
DOCUMENT #				STREET ADDRESS	
NAME					
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DOCUMENT #				STREET ADDRESS	
NAME					
STREET ADDRESS				CITY-ST-ZIP	
CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
Liberty Center IV, Ltd., by Liberty Center for the Homeless, Inc., its General Partner					
SIGNATURE:  4/28/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Roosevelt R. Langford, President Date Daytime Phone #					

FILED
2004 MAY 19 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

STAPLE CHECK HERE