

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 23 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03292007 Chg-LP CR2E003 (12/06)

DOCUMENT # A96000001752	
1. Entity Name 700 MARKET ASSOCIATES IV, LTD.	



Principal Place of Business 3910 N. 56TH AVE. HOLLYWOOD, FL 33021	Mailing Address 3910 N. 56TH AVE. HOLLYWOOD, FL 33021
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2. Principal Place of Business - No P.O. Box # 3570 NE 191 st Street	3. Mailing Address 3570 NE 191 st Street
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A
City & State Aventura Florida	City & State Aventura Florida
Zip 33180	Country Miami-Dade

4. FEI Number 94-2919030	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PEARLMAN, PHILIP PRES. 3201 N.E. 183RD STREET, #1808 AVENTURA, FL 33160	

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 4/12/07

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
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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.	
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A96000001723	STREET ADDRESS	
NAME	ROKRAG, LTD.	CITY-ST-ZIP	
STREET ADDRESS	3201 N.E. 183RD STREET, #1808		
CITY-ST-ZIP	AVENTURA, FL 33160		
DOCUMENT #		STREET ADDRESS	400101351984
NAME		CITY-ST-ZIP	05/03/07--01017--009 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	
SIGNATURE	DATE 4/17/07 3059350900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

STAPLE CHECK HERE