

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000021336

1. Entity Name  
FOUNDATION IV, LLC



Principal Place of Business  
5601 CORPORATE WAY  
SUITE 404  
WEST PALM BEACH, FL 33407

Mailing Address  
5601 CORPORATE WAY  
SUITE 404  
WEST PALM BEACH, FL 33407



07022004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3849395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WAXMAN, BRIAN K  
5601 CORPORATE WAY  
SUITE 404  
WEST PALM BEACH, FL 33407

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAXMAN, BRIAN K 5601 CORPORATE WAY SUITE 404 WEST PALM BEACH, FL 33407
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07/26/04-80002-008 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/21/04

Date

(561/68)-5800

Daytime Phone #