


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L06000037205 1. Entity Name ASPIRE HOUSING GROUP IV LLC	
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Principal Place of Business 318 NORTH CARSON STREET SUITE #208 CARSON CITY, NV 89701	Mailing Address 3257 FERNside BLVD. ALAMEDA, CA 94501
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DO NOT WRITE IN THIS SPACE



03122008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4726943	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

BOULDIN & ASSOCIATES, P. A.
 6424 CENTRAL AVENUE
 ST. PETERSBURG, FL 33707

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000860470
 04/02/08-80064-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRITZ, GARY A 3257 FERNside BLVD. ALAMEDA, CA 94501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, DENISE 3257 FERNside BLVD. ALAMEDA, CA 94501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 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:  5/12/08 925-914-1073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #