

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000858

**FILED**  
**Feb 01, 2007**  
**Secretary of State**

**Entity Name:** PLEDGED PROPERTY IV LLC

**Current Principal Place of Business:**

335 MADISON AVENUE, 19TH FLOOR  
NEW YORK, NY 10017

**New Principal Place of Business:**

**Current Mailing Address:**

335 MADISON AVENUE, 19TH FLOOR  
NEW YORK, NY 10017

**New Mailing Address:**

**FEI Number:** 13-3997147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CREDIT-BASED ASSET S, ERVICING & SEC . LLC  
Address: 335 MADISON AVENUE, 19TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: MGRM ( ) Delete  
Name: PLEDGE PROPERTY II L, LC  
Address: 335 MADISON AVENUE, 19TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CREDIT-BASED ASSET SERVICING AND SECURITIZ MGRM 02/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date