


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:28

DOCUMENT # A04000000533		
1. Entity Name HILLSBOROUGH COUNTY ASSOCIATES IV, LLLP		

Principal Place of Business 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	Mailing Address 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. Suite 230	Suite, Apt. #, etc. Suite 230

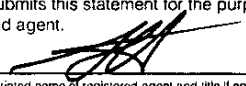
City & State	City & State
Zip	Country



04162008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent	
GRANT, MARK F ESQ C/O RUDEN, MCCLOSKEY, SMITH, ET AL 200 E BROWARD BLVD, STE 1500 FORT LAUDERDALE, FL 33301	

7. Name and Address of New Registered Agent	
Name Hillsborough County IV Corporation	
Street Address (P.O. Box Number is Not Acceptable) 1600 Sawgrass Corp Pkwy, Suite 230	
City Sunrise	Zip Code FL 33323

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 4/27/08

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 #	P04000052380	STREET ADDRESS	1600 Sawgrass Corp Pkwy, Suite 230
NAME	HILLSBOROUGH COUNTY IV CORPORATION	CITY-ST-ZIP	Sunrise, FL 33323
STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	SUNRISE, FL 33323		
DOCUMENT #		STREET ADDRESS	
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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:  RICHARD M. NORWALK 4/29/08 (954) 753-1730
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE