

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Aug 08, 2008 8:00 am
Secretary of State

04-30-2008 90021 038 ***138.75

DOCUMENT # L07000049162			
1. Entity Name RE GROUP IV, LLC			
Principal Place of Business 150 McMullen Booth Rd. S Clearwater FL 33759		Mailing Address 150 McMullen Booth Rd. S Clearwater FL 33759	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		☐ Applied For ☒ (Not Applicable)	
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LITTLE, MICHAEL G. 911 CHESTNUT STREET CLEARWATER FL 33758		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 a registered agent.			
SIGNATURE _____ (Signature must be printed name of registered agent or registered agent in writing)			
FILE NOW! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$338.75 Make Check Payable to Florida Department of State			
A. MANAGING MEMBERS/MANAGERS		B. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Barbara Haagsma 150 S Mc Mullen Booth Rd Clearwater, FL 33759	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP President	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D. Paul Haagsma 150 S. Mc Mullen Booth Rd Clearwater, FL 33759	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP Vice-President	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied herein is true and correct for the exemptions contained in Section 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 it would 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 225, Florida Statutes.			
SIGNATURE: <u>Barbara Haagsma</u> <u>Aug 15, '08</u> <u>596/1109</u>			