

2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000546

Entity Name: LIBERTY CENTER IV, LTD.

Current Principal Place of Business:

2203 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

Current Mailing Address:

P.O. BOX 40126
JACKSONVILLE, FL 32203

FEI Number: 20-0375976

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HARRIS, ROBERT LSR.
941 N. LIBERTY ST.
JACKSONVILLE, FL 32206 US

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

General Partner Detail :

Document # P04000063265
Name LIBERTY CENTER IV, INC.
Address 941 N. LIBERTY STREET
City-State-Zip: JACKSONVILLE FL 32206

I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT L HARRIS JR

**DIRECTOR OF
OPERATIONS**

04/21/2014

_____ Electronic Signature of Signing General Partner Detail

_____ Date