

**2021 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:** No

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

LIBERTY CENTER IV  
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:** CATHY SHINE HARRIS

04/23/2021

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:** CATHY SHINE HARRIS

PRESIDENT

04/23/2021

Electronic Signature of Signing General Partner Detail

Date