

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000000533

**Entity Name:** HILLSBOROUGH COUNTY ASSOCIATES IV, LLLP

**Current Principal Place of Business:**

1600 SAWGRASS CORP PKWY, SUITE 400  
SUNRISE, FL 33323

**Current Mailing Address:**

1600 SAWGRASS CORP PKWY, SUITE 400  
SUNRISE, FL 33323

**FEI Number:** 20-0997897

**Certificate of Status Desired:** No

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

HILLSBOROUGH COUNTY IV CORPORATION  
1600 SAWGRASS CORP PKWY STE 400  
SUNRISE, FL 33323 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 # P04000052380  
Name HILLSBOROUGH COUNTY IV CORPORATION  
Address 1600 SAWGRASS CORP PKWY, SUITE 400  
City-State-Zip: SUNRISE FL 33323

*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:** RICHARD M. NORWALK

VP

04/25/2014

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date