

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

|                                                                              |                                                                                   |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A01000000493</b><br>1. Entity Name<br>HART PROPERTIES IV, LTD. |  |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                             |                                                                 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br>5821 LAKE WORTH ROAD<br>GREENACRES, FL 33463 | Mailing Address<br>5821 LAKE WORTH ROAD<br>GREENACRES, FL 33463 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



04072006 No Chg-LP

CR2E003 (11/05)

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br>65-1111898                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>SIDEL, PETER S<br>5821 LAKE WORTH ROAD<br>GREENACRES, FL 33463 |
|-----------------------------------------------------------------------------------------------------------------------|

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 |                      |
|---------------------------------|----------------------|
| DOCUMENT #                      | P01000014450         |
| NAME                            | NP IV, INC.          |
| STREET ADDRESS                  | 5821 LAKE WORTH RD   |
| CITY-ST-ZIP                     | GREENACRES, FL 33463 |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY-ST-ZIP                     |                      |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY-ST-ZIP                     |                      |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY-ST-ZIP                     |                      |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY-ST-ZIP                     |                      |

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05/03/06-80069-007 500.00

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IN THIS SPACE**

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:** *San Arbez VP NP IV, INC G.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/25/06*

Date

*561-966-0070*

Daytime Phone #

STAPLE CHECK HERE