2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A01000000534

1. Entity Name
MED IV HOLDING TRUST, LTD.

FILED
2005 APR 28 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
900 S.E. THIRD AVENUE, #200 FT. LAUDERDALE, FL 33316	P.O. BOX 399 FT LAUDERDALE, FL 33302

04192005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
1815 Cordova Road	
Suite, Apt. #, etc.: 210	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State
Zip: 33316 Country: USA	Zip Country

4. FEI Number: 65-1157690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORGAN, WALTER L 315 N.E. THIRD AVE. FT. LAUDERDALE, FL 33301	Name: John T. Loos Street Address (P.O. Box Number is Not Acceptable): 1815 Cordova Road #210 City: Fort Lauderdale FL Zip Code: 33316

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: [signature] JOHN T. LOOS DATE: 4/15/05
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on Record.	10. Amount of Capital Contributions in FLORIDA to date.
$39,686.00	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	K80533	STREET ADDRESS	1815 Cordova Road #210
NAME	BROWARD PROPERTY INVESTMENTS, INC.	CITY-ST-ZIP	Fort Lauderdale, FL 33316
STREET ADDRESS	900 S.E. THIRD AVENUE, #200		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] AS PRES. OF G.P. 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #