

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATE & BUSINESS SERVICES
 06 FEB 24 AM 10:06

DOCUMENT # A01000000534 1. Entity Name MED IV HOLDING TRUST, LTD.					
Principal Place of Business 1815 CORDOVA ROAD, STE 210 FT. LAUDERDALE, FL 33316				Mailing Address P.O. BOX 399 FT LAUDERDALE, FL 33302	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1815 Cordova Rd. 210			
City & State		City & State Ft. Lauderdale, FL			
Zip		Zip 33316			
Country USA		Country USA			
4. FEI Number 65-1157690				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02082006 Chg-LP CR2E003 (11/05)	
6. Name and Address of Current Registered Agent LOOS, JOHN T. 1815 CORDOVA ROAD, STE 210 FT. LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	K80533 BROWARD PROPERTY INVESTMENTS, INC. 1815 CORDOVA ROAD, STE 210 FT. LAUDERDALE, FL 33316		STREET ADDRESS CITY - ST - ZIP	300067300373 03/07/06--01016--013 **500.00	
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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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			John T. Loos II Date 2/17/06 (954) 522-4500		

STAPLE CHECK HERE