2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 **DOCUMENT # A01000000534** 2007 HAY 10 AM 10: 54 MED IV HOLDING TRUST, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1815 CORDOVA ROAD, STE 210 1815 CORDOVA ROAD, STE 210 FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316 04162007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1157690 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOOS, JOHN T. DO NOT WRITE 1815 CORDOVA ROAD, STE 210 FT. LAUDERDALE, FL 33316 IN THIS SPACE 6. 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 K80533 DOCUMENT # BROWARD PROPERTY INVESTMENTS, INC. NAME STREET ADDRESS 1815 CORDOVA ROAD, STE 210 CITY-ST-ZIP FT. LAUDERDALE, FL 33316 DOCUMENT # NAME 400103098924 05/23/07--01020--003 **\$00.00 STREET ADDRESS CITY-ST-7IP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP

IN THIS SPACE

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filtric does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is pue 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

TYPED OR PRINTED HAME OF BIGNING GENERAL PARTNER

Daytime Phone #

Applied For

Not Applicable