


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

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000001240**  
 1. Entity Name  
**MLH IV, LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
**1311 N CHURCH AVE**      **1311 N CHURCH AVE**  
**TAMPA, FL 33607**      **TAMPA, FL 33607**

**DO NOT WRITE IN THIS SPACE**



03102006 No Chg-LP      CR2E003 (11/05)

4. FEI Number      Applied For  
**59-3736678**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**HABER, RICHARD M**  
**1311 N CHURCH AVE**  
**TAMPA, FL 33607**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box, etc. not acceptable) **DO NOT WRITE IN THIS SPACE**  
 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 \_\_\_\_\_ **100000524548**  
Signature, typed or printed name of registered agent and title if applicable.      **05/03/06 80117 009 500.00**

**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 #	<b>P94000091749</b>
NAME	<b>MLH FINANCIAL SERVICES, INC.</b>
STREET ADDRESS	<b>1311 N CHURCH AVE</b>
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
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STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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: \_\_\_\_\_ **Richard M. Haber**      **4/18/06**      **(813)876-8320**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #