

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A01000001439

1. Entity Name
G.L. HOMES OF DAVIE ASSOCIATES IV, LTD.



Principal Place of Business
1401 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS, FL 33071

Mailing Address
1401 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS, FL 33071

2. Principal Place of Business
1600 Sawgrass Corp Pkwy
Suite, Apt. #, etc.
Suite 300

3. Mailing Address
1600 Sawgrass Corp Pkwy
Suite, Apt. #, etc.
Suite 300

City & State
Sunrise, FL

City & State
Sunrise, FL

03302006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-1159423

Applied For
Not Applicable

Zip
33323

Country
USA

Zip
33323

Country
USA

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

6. Name and Address of Current Registered Agent

G.L. HOMES OF DAVIE IV CORPORATION
1401 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1600 Sawgrass Corporate Parkway, #300
City
Sunrise FL Zip Code
33323

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

4/25/06

DATE

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 # P01000081429
NAME G.L. HOMES OF DAVIE IV CORPORATION
STREET ADDRESS 1401 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33071

STREET ADDRESS 1600 Sawgrass Corp Pkwy #300
CITY-ST-ZIP Sunrise, FL 33323

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 000074763510
CITY-ST-ZIP 05/17/06--01034--022 **\$500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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:

N. MARIA MENENDEZ, VICE PRESIDENT

4/27/06

954-753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

06 MAY - 11 PM 36 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

