2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

1. Entity Name CITLO IV LIMITED PARTNERSHIP 2005 MAR 30 PM 12: 24		
Principal Place of Business 220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES, FL 33134 US 2. Principal Place of Business Mailing Address 220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES, FL 33134 US SECRETARY OF STATE TALL AHASSEE, FL ORIDA		
Suite Ant # atc	9	
City & State City & State 4. FEI Number	(03) Applied For	
04-3610000	Not Applicable,	
5. Certificate of Status Desired Fee Re	Additional quired	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name		
STUZIN, CHARLES B 220 ALHAMBRA CIRCLE Street Address (P.O. Box Number is Not Acceptable)	ress (P.O. Box Number is Not Acceptable)	
SUITE 700 CORAL GABLES, FL 33134		
	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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions	<u></u>	
as Shown on record. \$0.00 in FLORIDA to date. \$1,367.00		
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 # P00000111376 NAME STUZIN ENTERPRISES, INC.		
STREET ADDRESS 220 ALHAMBRA CIRCLE STE 700 CITY-ST-ZIP CORAL GABLES, FL 33134		
DOCUMENT / STREET ADDRESS NAME		
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		
DOCUMENT / STREET ADDRESS GUU49486126 03/30/05-01010-027 **1	; 41.25	
STREET ADDRESS CITY-ST-ZIP THE \$141.25		
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STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		
DOCUMENT # STREET ADDRESS		
STREET ADDRESS CITY-SI-7IP		
DOCHMENT A		
NAME STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP	the information	
14. I hereby certify that the information/supplied with this filling does not quality for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and sociared and that my signature shall have the same legic effect as it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report of required by Chapter 630. Florida Statutes		
	774-0454	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayline Pt CHARLES B. STUZIN, PRESIDENT	rone #	