

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A02000000247	
1. Entity Name	
CITLO IV LIMITED PARTNERSHIP	



FILED

07 FEB 21 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES FL 33134 US	220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES FL 33134 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
800 DOUGLAS RD	800 DOUGLAS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
500	500
City & State	City & State
CORAL GABLES, FL	CORAL GABLES, FL
Zip	Zip
33134	33134
Country	Country
USA	USA

1st MOORE CR2E003 (10/06)

4. FEI Number	Applied For
04-3610000	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
STUZIN, CHARLES B 220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
CHARLES B. STUZIN
Street Address (P.O. Box Number is Not Acceptable)
800 DOUGLAS ROAD
NORTH TOWER, SUITE 500
CORAL GABLES, FL 33134
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 2/8/07

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	STREET ADDRESS	800 DOUGLAS RD STE 500
NAME	STUZIN ENTERPRISES, INC.	CITY - ST - ZIP	CORAL GABLES, FL 33134
STREET ADDRESS	220 ALHAMBRA CIRCLE STE 700		
CITY - ST - ZIP	CORAL GABLES FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/8/07

Date

(305) 774-0454

Daytime Phone #

STAPLE CHECK HERE