2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # A03000000074 LEGACY PARK (ORLANDO) AIP IV, L.L.P. Principal Place of Business Mailing Address 923 N PENNSYLVANIA AVE WINTER PARK FL 32789 923 N PENNSYLVANIA AVE WINTER PARK FL 32769 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State Applied For 4. FEI Number 54-2091628 Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama SCHWARTZ, CHARLES 923 N PENNSYLVANIA AVE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 City 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed partie div FILE NOW!!! Fee is \$500. After May 1, 2006, 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 ADDRESS CHANGES ONLY DOCUMENT # B020000000021 U000000500853 STREET ADDRESS AVANTI PROPERTIES GROUP, L.L.L.P. 04/25/06-80037-022-500.00 STREET ADDRESS 923 N PENNSYLVANIA AVE CITY-ST-ZIP CITY-ST-71P WINTER PARK FL 32789 DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MARKE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT ! STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP C(TY-ST-ZIP DOCUMENT # STREET ADORESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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

FILED

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