


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 13, 2007 08:00 A
Secretary of State


DOCUMENT # A03000000546

1. Entity Name
LIBERTY CENTER IV, LTD.



Principal Place of Business 909 N. LIBERTY ST. JACKSONVILLE, FL 32206	Mailing Address 909 N. LIBERTY ST. JACKSONVILLE, FL 32206
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DO NOT WRITE IN THIS SPACE



02142007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-0375976	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, ROBERT L SR.
 909 N. LIBERTY ST.
 JACKSONVILLE, FL 32206**

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	P04000063265
NAME	LIBERTY CENTER IV, INC.
STREET ADDRESS	909 N. LIBERTY STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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U00000706438
 04/24/07-80032-016 508.75

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:  **4.10.07 (904) 353-0446**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #