

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**FILED**


08 JUL 18 PM 2:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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

2. Principal Place of Business - No P.O. Box #  
 2203 ART MUSEUM DR.  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 40126  
 Suite, Apt. #, etc.

City & State  
 JACKSONVILLE, FL

City & State  
 JACKSONVILLE, FL

Zip  
 32207

Country

Zip  
 32203

Country

07072008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 20-0375976

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	P04000063265	STREET ADDRESS	
NAME	LIBERTY CENTER IV, INC.	CITY-ST-ZIP	
STREET ADDRESS	909 N. LIBERTY STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32206		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: Robert L Harris JR 7/7/08 (904) 353-0446

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