


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A0400000094
1. Entity Name
PALM BEACH ASSOCIATES IV, LLLP




Principal Place of Business: **1401 UNIVERSITY DR, STE 200
CORAL SPRINGS FL 33071**
Mailing Address: **1401 UNIVERSITY DR, STE 200
CORAL SPRINGS FL 33071**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

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2005 MAY -6 P 2:38



1ST MOORE CR2E003 (10/04)

4. FEI Number: **20-0646786** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**GRANT, MARK F ESQ
C/O RUDEN MCCLOSKEY
200 E BROWARD BLVD, STE 1500
FORT LAUDERDALE FL 33301**

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: _____

9. Capital Contributions as Shown on record: **\$2,000,000.00**
10. Amount of Capital Contributions in FLORIDA to date: **\$3,940,963.00**

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

**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 #	P04000009629	STREET ADDRESS	
NAME	PALM BEACH IV CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1401 UNIVERSITY DR, STE 200		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Maria Menendez, Vice President** 4/28/05 (954) 753-1730

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