


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

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



FILED

06 MAY -1 PM 4:48

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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
1600 Sawgrass Corp Pkwy
Suite, Apt. #, etc.
Suite 300

3. Mailing Address
1600 Sawgrass Corp Pkwy
Suite, Apt. #, etc.
Suite 300

04032006 Chg-LP CR2E003 (11/05)

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip
33323

Country
USA

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000009629	STREET ADDRESS	1600 Sawgrass Corp Pkwy #300
NAME	PALM BEACH IV CORPORATION	CITY-ST-ZIP	Sunrise, FL 33323
STREET ADDRESS	1401 UNIVERSITY DR, STE 200		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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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]* N. MARIA MENDOZA, VICE PRESIDENT 4/27/06 954-753-1730

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