


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

|                                                  |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A0400000094</b>                    |  |
| 1. Entity Name<br>PALM BEACH ASSOCIATES IV, LLLP |                                                                                   |

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br>1600 SAWGRASS CORP PKWY, SUITE 300<br>SUNRISE, FL 33323 | Mailing Address<br>1600 SAWGRASS CORP PKWY, SUITE 300<br>SUNRISE, FL 33323 |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

|                                                |                    |
|------------------------------------------------|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|------------------------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



04202007 Chg-LP CR2E003 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-0646786 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                                      |                                       |
|----------------------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|----------------------------------------------------------------------|---------------------------------------|

|                                                                                                       |                                                                                   |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b>                                                | <b>7. Name and Address of New Registered Agent</b>                                |
| GRANT, MARK F ESQ<br>C/O RUDEN MCCLOSKEY<br>200 E BROWARD BLVD, STE 1500<br>FORT LAUDERDALE, FL 33301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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, 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                     |                                                                                                     | 13. ADDRESS CHANGES ONLY      |                                           |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P0400009629<br>PALM BEACH IV CORPORATION<br>1600 SAWGRASS CORP PKWY, SUITE 300<br>SUNRISE, FL 33323 | STREET ADDRESS<br>CITY-ST-ZIP |                                           |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     | STREET ADDRESS<br>CITY-ST-ZIP |                                           |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     | STREET ADDRESS<br>CITY-ST-ZIP |                                           |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     | STREET ADDRESS<br>CITY-ST-ZIP | 000000752770<br>05/21/07-80029-012 508.75 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     | STREET ADDRESS<br>CITY-ST-ZIP |                                           |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     | STREET ADDRESS<br>CITY-ST-ZIP |                                           |

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: Maria Mendez N. MARIA MENDEZ, VICE PRESIDENT 4/26/07 954-753-1730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #