

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:28

<b>DOCUMENT # A04000000094</b>					
<b>1. Entity Name</b> PALM BEACH ASSOCIATES IV, LLLP					
<b>Principal Place of Business</b> 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323			<b>Mailing Address</b> 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. <b>Suite 230</b>		Suite, Apt. #, etc. <b>Suite 230</b>			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0646786	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GRANT, MARK F ESQ C/O RUDEN MCCLOSKEY 200 E BROWARD BLVD, STE 1500 FORT LAUDERDALE, FL 33301			Name <b>Palm Beach IV Corporation</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 Sawgrass Corp Pkwy, Suite 230</b> City <b>Sunrise</b> <b>FL</b> Zip Code <b>33323</b>		
<b>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.</b>					
SIGNATURE				DATE <b>4/22/08</b>	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P04000009629 PALM BEACH IV CORPORATION 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323		STREET ADDRESS CITY-ST-ZIP	1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323	
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<b>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</b>					
<b>SIGNATURE:</b> <b>RICHARD M. NORWALK</b> <b>4/29/08</b> <b>(954) 753-1730</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE