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

FILED
2005 APR 29 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1ST MOORE CR2E003 (10/04)

DOCUMENT # A04000000533

1. Entity Name
HILLSBOROUGH COUNTY ASSOCIATES IV, LLLP

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-0997897 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRANT, MARK F ESQ C/O RUDEN, MCCLOSKY, SMITH, ET AL 200 E BROWARD BLVD, STE 1500 FORT LAUDERDALE FL 33301	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

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

9. Capital Contributions as Shown on record. $9,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. $762,044.00

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 #	P04000052380	STREET ADDRESS	
NAME	HILLSBOROUGH COUNTY IV CORPORATION		
STREET ADDRESS	1401 UNIVERSITY DR, STE 200	CITY-ST-ZIP	000055192020
CITY-ST-ZIP	CORAL SPRINGS FL 33071		05/24/05--01056--001 **385.00
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	000055192020
CITY-ST-ZIP			05/24/05--01056--002 **141.25
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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: M. Maria Menendez, Vice President 4/28/05 (954) 753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #