

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

**FILED**

**06 MAY -1 PM 2:36**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # A05000002164	
1. Entity Name BUTTERS REAL ESTATE FUND IV, LTD.	



Principal Place of Business 4811 LYONS TECHNOLOGY PARKWAY, SUITE 6 COCONUT CREEK, FL 33073	Mailing Address 4811 LYONS TECHNOLOGY PARKWAY, SUITE 6 COCONUT CREEK, FL 33073
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2. Principal Place of Business 6820 Lyons Tech Cir. Suite, Apt. #, etc. #100		3. Mailing Address 6820 Lyons Tech Cir. Suite, Apt. #, etc. #100	
City & State Coconut Creek		City & State Coconut Creek	
Zip FL	Country 33073	Zip FL	Country 33073

04262006 Chg-LP CR2E003 (11/05)

4. FEI Number 41-290100	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUTTERS, MALCOLM 4811 LYONS TECHNOLOGY PARKWAY, SUITE 6 COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name Malcolm Butters Street Address (P.O. Box Number is Not Acceptable) 6820 Lyons Tech Cir #100 City Coconut Creek FL Zip Code 33073	
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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 M. BUTTERS	DATE 04/28/06

**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 # NAME STREET ADDRESS CITY-ST-ZIP	L05000116032 BUTTERS CAPITAL IV, LLC 4811 LYONS TECHNOLOGY PARKWAY, SUITE 6 COCONUT CREEK, FL 33073	STREET ADDRESS CITY-ST-ZIP	6820 Lyons Tech Cir. #100 Coconut Creek, FL 33073
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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:** M. BUTTERS 04/28/06 954-570-8111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE