


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000956 1. Entity Name COCONUT PALM CAPITAL INVESTORS IV, LTD	
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FILED

07 FEB 26 AM 9:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 555 SOUTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432	Mailing Address 555 SOUTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box # 595 S. Federal Hwy Suite, Apt. #, etc. Suite 500 City & State Boca Raton FL Zip 33432	3. Mailing Address 595 S. Federal Hwy Suite, Apt. #, etc. Suite 500 City & State Boca Raton, FL Zip 33432
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01052007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-0591661	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 350 EAST LAS OLAS BLVD., SUITE 1600 LAS OLAS CENTRE II FORT LAUDERDALE, FL 33301
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>

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 #	P06000100712	STREET ADDRESS	595 S. Federal Hwy # 500
NAME	COCONUT PALM CAPITAL INVESTORS IV, INC.	CITY-ST-ZIP	Boca Raton FL 33432
STREET ADDRESS	555 SOUTH FEDERAL HIGHWAY, SUITE 200		
CITY-ST-ZIP	BOCA RATON, FL 33432		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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000089611950
 02/27/07--01056--015 **500.00

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: Robert C. Farenhem Date: _____ Daytime Phone #: 561-965-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER