

A06000000956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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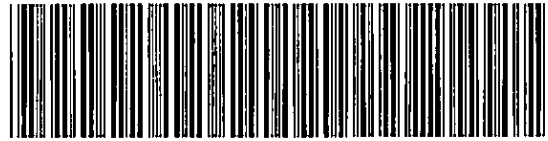
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coconut Palm Capital Investors IV Ltd  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A06000000956

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Richard C. Rochon

Contact Person

Coconut Palm Capital Investors IV Ltd

Firm/Company

150 E. Palmetto Park Rd, Suite 800

Address

Boca Raton, FL 33432

City, State and Zip Code

malbrecht@rpcp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard C. Rochon

at ( 561 ) 955-7300

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Coconut Palm Capital Investors IV Ltd

Name of Limited Partnership or Limited Liability Limited Partnership

2. 8/1/2006

Date of filing/registration in Florida

3. A06000000956

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services Inc

Name

1200 S. Pine Island Rd

Address

Plantation FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Judy A. Schweers

Name

150 E. Palmetto Park Rd, Suite 800

Florida street address (P.O. Box not acceptable)

Boca Raton FL 33432

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

[Signature]  
Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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