

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 30 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04242007 Chg-LP CR2E003 (12/06)

DOCUMENT # A17199	
1. Entity Name WWH REALTY INVESTORS IV, LTD.	



Principal Place of Business 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205	Mailing Address 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6222949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CRAVEY, JERRY R 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205	
---	--

7. Name and Address of New Registered Agent Name: William H. Walton Jr Street Address (P.O. Box Number is Not Acceptable): 4000 B St. Johns St Suite 22 City: Jacksonville FL Zip Code: 32205	
---	--

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: <i>[Signature]</i>	DATE: 4/26/07

**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 #	NAME	STREET ADDRESS	
	HAZLETT, PAUL B		
STREET ADDRESS	1230 BELVEDERE AVE.	CITY-ST-ZIP	
	JACKSONVILLE, FL 32205		
DOCUMENT #	NAME	STREET ADDRESS	
	WALTON, WILLIAM H. JR.		
STREET ADDRESS	4000 B ST. JOHNS AVE.		
	JACKSONVILLE, FL 32205		
DOCUMENT #	NAME	STREET ADDRESS	
	WEED, JOSEPH D., JR.		
STREET ADDRESS	4000 B ST. JOHNS AVE.		
	JACKSONVILLE, FL 32205		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			

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: <i>[Signature]</i>	DATE: 4/26/07	DAYTIME PHONE: 904-388-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE