2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

FILED Apr 21, 2008 08:00 AN Secretary of State

DOCUMENT # A23413

1. Entity Name

BOCA RATON ASSOCIATES IV, LIMITED PARTNERSHIP



Principal Place of Business

600 CASS AVENUE

WOONSOCKET, RI 02895-4727

Mailing Address

600 CASS AVENUE

WOONSOCKET, RI 02895-4727



03202008 No Chg-LP

CR2E003 (12/06)

FEI Number
 05-0423305

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHEELER, JAMES J. 7777 W. GLADES RD. SUITE 300 BOCA RATON, FL, FL 33434

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FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
Signature Typed or profed name of registered agent and title if applicable	DATE.
SIGNATURE	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent	or both, in the State of Florida. I am familiar with, and accept

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 DOCUMENT # NAME BOUCHER, JOHN J. STREET ADDRESS 600 CASS AVENUE CITY-ST-ZIP WOONSOCKET, RI 028954727 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

000000913979 05/08/08-80038-013 508.75

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DOCUMENT /
NAME
STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 stignature 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:

STREET ADDRESS
CITY ST ZIP
DOCUMENT

STREET ADDRESS CITY STIZIP

STAPLE

ATURE AND TYPED OR RINTED NAME OF STANING REMERAL PARTNER

4/15/08

401-769-1670

Daytime Phone #