## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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SIGNATURE:

## SECRETARY OF STATE TALLAHASSEE, FLORIDA 08 MAR 11 PM 4: 54 **DOCUMENT # A25849** TAMPA PLAZA IV COMPANY, LTD. Principal Place of Business Mailing Address 8214 WESTCHESTER, 9TH FLOOR 8214 WESTCHESTER, 9TH FLOOR DALLAS, TX 75225 DALLAS, TX 75225 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 01302008 Cha-LP CR2E003 (12/06) City & State Applied For City & State 4. FE! Number 75-2211253 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Ø Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Beard, Richard A. III Street Address (P.O. Box Number is Not Acceptable) 601 N. Ashley Dr. BEARD, RICHARD A III 100 N. TAMPA ST. **SUITE 2175** TAMPA, FL 33602 Suite 390 City Tampa 33662 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 300120727703 SIGNATURE <del>03/13/03--01027--**1**028</del> Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT# STREET ADDRESS COOPER, WILLIAM R. NAME STREET ADDRESS 8214 WESTCHESTER, 9TH FLOOR CITY-SI-ZIP CITY-ST-ZIP DALLAS, TX 75225 DOCUMENT # STREET ADDRESS BEARD, RICHARD A., III NAME STREET ADDRESS 4417 BAYSHORE BLVD. CITY-ST-ZIP CiTY-ST-ZIP TAMPA, FL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME ' STREET-ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

ME OF SIGNING GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED

William R. Cooper 2/4/08 214.360.1830