2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

Due by may 1, 2000				,	- 11 E.Ú		
DOCUMENT # A30313 1. Entity Name PLAZA IV ASSOCIATES, LTD.					ARY OF S ASSEE, FL		
Principal Place of Business 100 N TAMPA ST SUITE 2175 TAMPA, FL 33602	Maiing Address 100 N TAMPA ST SUITE 2175 TAMPA, FL 33602						
2. Principal Place of Business - No P.O. Box # 601 N. Ashley Drive Suite, Apt. #, etc.	3. Mailing Address	ley Dr	ve				
Suite 390 Qity & State	Suite, Apt. #, etc. Suite 39 City & State	२०		02062008 Chg-L	P CR	2E003 (12/06) Applied For	
Tampa, FL	Tampa FL		75-2373647		Not Applicable		
Zip Country 33602	73602 Country			5. Certificate of Status D		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Nam Rich avd A Beavd III				
BEARD, RICHARD A III 100 N. TAMPA STREET			Street Address (P.O. Box Number is Not Acceptable)				
STE. 2175 TAMPA, FL 33602			GOI N. Ashley Urive				
7,11111,772 3332		City -	Suite 390			FL Zip Code	
The above named entity albmits this statement to the obligations of registered form.	r the purpose of changing its	! s registered office					
SIGNATURE ///		Richard	A.Be	ard, III	2/1:	3/08	
Signal I. typed or priviled name of registered agent end 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.							
12. GENERAL PARTNER DOCUMENT / A25849	RINFORMATION	13.			ESS CHANGES		
NAME TAMPA PLAZA IV COMPANY, LTD.		STREET ADDRE	REET ADDRESS 04/22/08 - 01042 - 018 **508.75				
STREET ADDRESS 8214 WESTCHESTER, 9TH FLOOR CITY-ST-ZIP DALLAS, TX 75225		CITY-ST-ZIP					
DOCUMENT / A30032 NAME AIG TAMPA LIMITED PARTNERSHIP STREET ADDRESS 70 PINE STREET		STREET ADDRE	s 21	1 Park Ave	nue, i	11 Floor	
CITY-ST-ZIP NEW YORK, NY		CITY-ST-ZIP	Ne	W YORK, N	Y 101	172	
DOCUMENT / NAME ·		STREET ADDRE	ss				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP					
DOCUMENT / NAME		STREET ADORE	ss				
STREET ADDRESS CITY-ST-ZIP DOCUMENT #		CITY-ST-ZIP					
NAME		STREET ADORE	ss				
		CITY-ST-ZIP					
DOCUMENT /		STREET ADDRE	ss				
STREET ADDRESS CITY-ST-ZIP		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							
SIGNATURE: SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING GENER	RAL PARTNER		2/13/08	(४।३) 221-1202 Daytime Phone #	

Richard A. Beard, III