52.50

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

DOCUMENT # A32574

1. Entity Name
MARINER HEALTH PROPERTIES IV, LTD.

Principal Place of Business	Mailing Address
ONE RAVINIA DRIVE SUITE 1500 ATLANTA, GA 30346	ONE RAVINIA DRIVE SUITE 1500 ATLANTA, GA 30346

06302005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
ONE RAVINIA DR.	ONE RAVINIA DR.
Suite, Apt. #, etc. SUITE 1250	Suite, Apt. #, etc. SUITE 1250
City & State ATLANTA, GA	City & State ATLANTA, GA
Zip 30346 Country USA	Zip 30346 Country USA

4. FEI Number
59-3112307
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
$990.00		

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 #	F96000001108	STREET ADDRESS	ONE RAVINIA DR., SUITE 1250
NAME	MARINER HEALTH OF FLORIDA, INC.		
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500	CITY-ST-ZIP	ATLANTA, GA 30346
CITY-ST-ZIP	ATLANTA, GA 30346		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 7/20/05 678-443-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #