2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000001337

1. Entity Name

FFT IV LIMITED PARTNERSHIP

FILED Jan 23, 2007 08:00 AM Secretary of State

Principal Place of Business

3880 RUM ROW NAPLES, FL 34102 Mailing Address

5307 RANDOLPH ROAD ROCKVILLE, MD 20852



01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 52-1943716

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOVANOVICH, RICHARD ESQ. GOODLETTE, COLEMAN & JOHSON, P.A. NORTHERN TRUST BANK 4001 TAMIAMI TRL N. NAPLES, FL 33103

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he 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 to obligations of registered agent.	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

DATE

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.

	NOTE: General Partners MAY NOT be changed on the fo			
•	12.	GENERAL PARTNER INFORMATION		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L53861 C & J OF NAPLES, INC. 3880 RUM ROW NAPLES, FL 34102		
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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

Caster Name 2. In the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT /

NAME

STREET ADDRESS

CITY-ST-ZIP

EXACUSABLE VP Charles S Faile, III

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/5/07

301-231-6000

Daytime Phone #