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

DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000001337

1. Entity Name

FFT IV LIMITED PARTNERSHIP

FILED Feb 04, 2008 08:00 Al Secretary of State

Principal Place of Business

3880 RUM ROW NAPLES, FL 34102 Mailing Address

5307 RANDOLPH ROAD ROCKVILLE, MD 20852



01302008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 52-1943716

Applied For Not Applicable

5. Certificate of Status Desired

\$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

## DO NOT WRITE IN THIS SPACE

FL 33103	IN THIS SPACE
e named entity submits this statement for the purpose of changing its re- tions of registered agent	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0	-
	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
GENERAL PARTNER INFORMATION	
L53861	
C & J OF NAPLES, INC.	
3880 RUM ROW	
NAPLES, FL 34102	U00000815672
**************************************	02/14/08-80018-011 500.00
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	e named entity submits this statement for the purpose of changing its retions of registered agent  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 ENTINOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION  L53861  C & J OF NAPLES, INC. 3880 RUM ROW

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/30/2008

(301)231-6000

Daylime Phone #