2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001860

1. Entity Name
ATCO GROUP IV, LTD.

Principal Place of Business	Mailing Address
102 PARK PLACE BLVD., STE. B-3 KISSIMMEE, FL 34741	P.O. BOX 422557 KISSIMMEE, FL 34742-2557

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04222004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3402548 ☐ 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
BUIKEMA, KENNETH E 2425 ROAT DRIVE ORLANDO, FL 32835	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. $400,000.00

10. Amount of Capital Contributions in FLORIDA to date. 400,000.00

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 #	P96000081745	STREET ADDRESS	
NAME	TOWN LOOP GROUP, INC.		
STREET ADDRESS	102 PARK PLACE BLVD., STE. B-3	CITY-ST-ZIP	
CITY-ST-ZIP	KISSIMMEE, FL 34741		
DOCUMENT #		STREET ADDRESS	
NAME			
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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: Cynthia Nugent CYNTHIA NUGENT 4/22/04 407-933-2652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #