2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000001860

1. Entity Name
ATCO GROUP IV, LTD.

Principal Place of Business	Mailing Address
219 S. CLYDE AVE 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

04102006 Chg-LP CR2E003 (11/05)

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.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, 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 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	U00000504674 04/26/06--00083--004 500.00
CITY-ST-ZIP	KISSIMMEE, FL 34741		
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STAPLE CHECK HERE

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: Cynthia Nugent CYNTHIA NUGENT 4/10/06 4075786189