
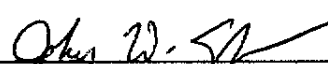


-2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000001641 1. Entity Name AFFILIATED AMERICAN INNS IV, LTD.					
Principal Place of Business 475 COMMERCE LAKE DRIVE ST. AGUSTINE, FL 32095			Mailing Address 475 COMMERCE LAKE DRIVE ST. AGUSTINE, FL 32095		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03162005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3452636	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEA, JOHN W 475 COMMERCE LAKE DRIVE ST. AGUSTINE, FL 32095				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,176,263.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000057640 AFFILIATED AMERICAN IV, INC. 475 COMMERCE LAKE DRIVE ST. AGUSTINE, FL 32095		STREET ADDRESS CITY-ST-ZIP	1000000273905 03-23-05-90047-010 \$25.25	
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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: 			3/17/2005 (904) 645-0003		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE