


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

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| DOCUMENT # A97000001641 1. Entity Name AFFILIATED AMERICAN INNS IV, LTD. |  |
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| Principal Place of Business 475 COMMERCE LAKE DRIVE ST. AGUSTINE FL 32095 | Mailing Address 475 COMMERCE LAKE DRIVE ST. AGUSTINE FL 32095 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



1st MOORE CR2E003 (10/07)

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|---|--|
| 4. FEI Number 59-3452636 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 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 FL Zip Code |
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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 _____

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 | |
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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.

SIGNATURE:  **JOHN W. SHEA** **2/26/2008 (904) 242-6708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE