


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001120	
1. Entity Name G.L. HOMES OF BOYNTON BEACH ASSOCIATES IV, LTD.	

Principal Place of Business 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33701	Mailing Address 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33701
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent	
G.L. HOMES OF BOYNTON BEACH IV CORPORATION 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071	

4. FEI Number 65-0838072	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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 _____ Signature, typed or printed name of registered agent and title if applicable **DATE** _____

9. Capital Contributions as Shown on record \$9,900,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$9,900,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P97000055549	NAME G.L. HOMES OF BOYNTON BEACH IV CORPORATION	STREET ADDRESS	
STREET ADDRESS 1401 UNIVERSITY DRIVE, SUITE 200		CITY - ST - ZIP	
CITY - ST - ZIP CORAL SPRINGS FL 33701			U000000160204
DOCUMENT #		STREET ADDRESS	05/13/04-80011-021 526.25
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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:  **N. Maria Menendez, Vice President** **4/26/04** **954-753-1730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #