## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

## May 06, 2005 08:00 AM Secretary of State DOCUMENT # A98000001120 G.L. HOMES OF BOYNTON BEACH ASSOCIATES IV, Principal Place of Business Mailing Address 1401 UNIVERSITY DRIVE, SUITE 200 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33701 CORAL SPRINGS FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State Applied For 4. FEI Number 65-0838072 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name G.L. HOMES OF BOYNTON BEACH IV CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071 Zip Code City FL 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. 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$9,900,000,00 as Shown on record, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. P97000055549 DOCUMENT# STREET ADDRESS NAME G.L. HOMES OF BOYNTON BEACH IV CORPORATION STREET ADDRESS 1401 UNIVERSITY DRIVE, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33701 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS Ü000000363728 CITY-ST-7rP CITY-ST-ZIP <u>05/06/05-80010-023</u> 526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP COCUMENT & STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-2iP CITY-ST ZIP

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 it 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 Presiden

FILED

(954) 753-1739

Daytime Phone #