

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

00 MAY 11 PM 1:37
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

2. Principal Place of Business
 1600 Sawgrass Corp Pkwy
 Suite, Apt. #, etc.
 Suite 300

3. Mailing Address
 1600 Sawgrass Corp Pkwy
 Suite, Apt. #, etc.
 Suite 300

City & State
 Sunrise, FL

City & State
 Sunrise, FL

Zip
 33323

Country
 USA

Zip
 33323

Country
 USA



04032006 Chg-LP CR2E003 (11/05)

4. FEI Number
 65-0838072

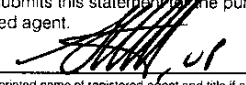
Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 1600 Sawgrass Corp Pkwy, #300
 City
 Sunrise FL Zip Code
 33323

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 4/25/06

Signature, typed or printed name of registered agent and title if applicable.

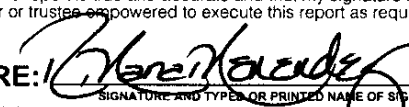
FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000055549 G.L. HOMES OF BOYNTON BEACH IV CORPORATION 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33701	STREET ADDRESS CITY-ST-ZIP	1600 Sawgrass Corp Pkwy #300 Sunrise, FL 33323
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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:  N. MARIA MENENDEZ, VICE PRESIDENT 4/27/06 954-753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #