
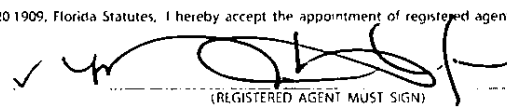
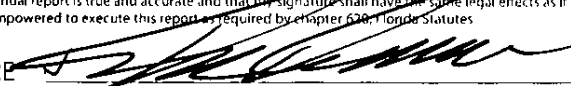


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # B00000000011			
1. Name of Limited Partnership EQUITY INDUSTRIAL LIMITED PARTNERS IV			
2. Principal Office Address - No P.O. Box # 145 ROSEMARY STREET		3. Mailing Office Address 145 ROSEMARY STREET	
Suite, Apt. #, etc. SUITE E		Suite, Apt. #, etc. SUITE E	
City & State NEEDHAM, MA		City & State NEEDHAM, MA	
Zip 02494	Country USA	Zip 02494	Country USA
8. Name and Address of Current Registered Agent			
Name CORPORATION SERVICE COMPANY			
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
Suite, Apt. #, Etc.			
City TALLAHASSEE		State FL	Zip Code 32301-2525
9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)		 Matthew Young Asst. V. Pres. DATE 7-23-10	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
EQUITY INDUSTRIAL IV, INC.	145 ROSEMARY STREET, SUITE E	NEEDHAM, MA 02494	F00000000358
REINSTATEMENT 04-10		100183716571 07/27/10--01037--002 **5000.00	
		8-5-10	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE		DATE 7/26/10	
Typed or Printed Name of General Partner Signing Form DONALD LEVINE		Telephone Number 781-449-9000	