


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -3 AM 11:03

DOCUMENT # B0500000265 1. Entity Name MM FAMILY PARTNERSHIP IV, L.P.	
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Principal Place of Business 255 WASHINGTON AVENUE EXTENSION ALBANY, NY 12205	Mailing Address 255 WASHINGTON AVENUE EXTENSION ALBANY, NY 12205
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2. Principal Place of Business	3. Mailing Address	01092006	Chg-LP	CR2E003 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 20-2380872		
City & State	City & State	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

SUTTON, SAMUEL
1725 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

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 _____ DATE _____
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 #	M05000003212	STREET ADDRESS	
NAME	MRP-MM ASSOCIATES, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	255 WASHINGTON AVENUE EXTENSION		
CITY-ST-ZIP	ALBANY, NY 12205		900068091999
DOCUMENT #		STREET ADDRESS	03/20/06--01013--010 **500.00
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CITY-ST-ZIP			

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: *Morris Massey* **DATE:** 2/27/06 **PHONE:** 518-862-6600

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