


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR -3 AM 11:03

<b>DOCUMENT # B05000000265</b> 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092006 Chg-LP CR2E003 (11/05)

4. FEI Number **20-2380872** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$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		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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:** *[Signature]* **morris moseley** 2/27/06 518-862-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE