FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

ZM Investors Limited Partnership IV

1a. DOCUMENT #
B96000000357

Mailing Address	Principal Office Address
c/o Ann Schneider 2 N. Riverside Plaza, #1515 Chicago, IL 60606	c/o Ann Schneider 2 N. Riverside Plaza, #1515 Chicago, IL 60606

3. Date Formed or Registered: 9/16/96

3a. Date of Last Report: N/A - first report

4. State or Country of Formation:

5a. Capital Contributions as Shown on record: $1,044,469

5b. Amount of Capital Contributions in FLORIDA to date: $1,044,469

2. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt #, etc.
City & State
Zip Country

6. FEI Number: 36-4075577 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt # etc
City FL Zip Code

300002045183--4
-01/03/97--01124--018
****576.25 ****576.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
Zell/Merrill IV, Inc.	2 N. Riverside Plaza	Chicago, IL 60606	F96000004759

CR2E003 (6/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 12/18/96

Typed or Printed Name of General Partner Signing Form: Ann M. Schneider, Secretary of Zell/Merrill IV, Inc. Daytime Telephone Number 312-466-3607