

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

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 96 DEC 23 AM 11:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Name of Limited Partnership Zell/Merrill Lynch Real Estate Opportunity Partners Limited Partnership IV	1a. DOCUMENT # B96000000359
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Mailing Address c/o Ann Schneider 2 N. Riverside Plaza, #1515 Chicago, IL 60606	Principal Office Address c/o Ann Schneider 2 N. Riverside Plaza, #1515 Chicago, IL 60606
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 9/16/96	5a. Capital Contributions as Shown on record \$107,960,532
3a. Date of Last Report N/A - first report	5b. Amount of Capital Contributions in FLORIDA to date \$107,960,532
4. State or Country of Formation Illinois	6. FEI Number 36-4075576
7. Certificate of Status Desired	☐ Applied For ☐ Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent The Prentice-Hall Corporation System, Inc. 1201 Hays Street, Suite 105 Tallahassee, FL 32301
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code

10a. Pursuant to the provisions of sections 620.1061 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) ZML Partners Limited Partnership IV	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2 N. Riverside Plaza	11b. City, State & Zip Code Chicago, IL 60606	11c. Registrar/Document Number B96000000358
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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 Ann M. Schneider, Secy. of the ultimate GP of ZML Partners Limited Partnership IV Daytime Telephone Number 312-466-3607

CR2E003 (6/96)