2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
Apr 26, 2007 08:00 AM
Secretary of State

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1. Entity Name PREMIERE PARTNERS IV, L.P.



Principal Place of Business

2501 GALEN DRIVE CHAMPAIGN, IL 61821 Mailing Address

2501 GALEN DRIVE CHAMPAIGN, IL 61821



DO NOT WRITE IN THIS SPACE

04172007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 37-1365921

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

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 F	lorida. I am familiar with, and accept
the obligations of registered agent.	
SIGNATURE	
Signature, byted or ortifold game of registered agent and title it applicable	DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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.

		tro in Contrast attitions that it has altering at all the								
	12.	GENERAL PARTNER INFORMATION								
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M98000000352 PREMIERE IV, L.L.C. 2501 GALEN DRIVE CHAMPAIGN, IL 61821								
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DO NOT WRITE IN THIS SPACE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
COCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

That Partmarking Manager +

4-17.07 Date 217-356-8363

Daytime Phone #