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Secretary of State

04-26-1999 90102 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000001015 1. Corporation Name JF HOTEL IV, INC.			
Principal Place of Business 302 ROYAL POINCIANA WAY PALM BEACH FL 33480		Mailing Address 302 ROYAL POINCIANA WAY PALM BEACH FL 33480	
2. Principal Place of Business 21 340 ROYAL POINCIANA WAY Suite, Apt. #, etc. 22 SUITE 302 City & State 23 PAUM BEACH, FL Zip 24 33480 Country 25 USA		2a. Mailing Address 26 340 ROYAL POINCIANA WAY Suite, Apt. #, etc. 27 SUITE 302 City & State 28 PAUM BEACH, FL Zip 29 33480 Country 30 USA	
9. Name and Address of Current Registered Agent MURPHY, MARK A 302 ROYAL POINCIANA WAY PALM BEACH FL 33480		10. Name and Address of New Registered Agent 81 Name FRED SHAW 82 Street Address (P.O. Box Number is Not Acceptable) 340 ROYAL POINCIANA WAY 83 SUITE 306 84 City PAUM BEACH FL 85 Zip Code 33480	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: <i>[Signature]</i> FREDERICK M. SHAW 2-20-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME SHAW, FREDERIC STREET ADDRESS 302 ROYAL POINCIANA WAY CITY-ST-ZIP PALM BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME LANGLEY, JOHN STREET ADDRESS 302 ROYAL POINCIANA WAY CITY-ST-ZIP PALM BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FISHER, JEFFREY H STREET ADDRESS 302 ROYAL POINCIANA WAY CITY-ST-ZIP PALM BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ASV NAME MURPHY, MARK A STREET ADDRESS 951 E BYRD STREET CITY-ST-ZIP RICHMOND VA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME ROSE, POLLAK STREET ADDRESS 302 ROYAL POINCIANA WAY CITY-ST-ZIP PALM BEACH, FL 33480	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME ROSE, POLLAK STREET ADDRESS 302 ROYAL POINCIANA WAY CITY-ST-ZIP PALM BEACH, FL 33480	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a letter like empowered.

SIGNATURE: *[Signature]* **ROSE, POLLAK** **2-20-99** **561 655-9001**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)