


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 10, 2008 08:00 AM  
Secretary of State**

DOCUMENT # F97000004254

1. Entity Name  
REALTY ASSOCIATES FUND IV TEXAS CORPORATION



Principal Place of Business  
C/O TA ASSOCIATES REALTY  
28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109

Mailing Address  
C/O TA ASSOCIATES REALTY  
28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3341886

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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 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. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000851380  
03/25/08-80038-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	RUANE, MICHAEL A
STREET ADDRESS	28 STATE STREET, 10TH FLOOR
CITY - ST - ZIP	BOSTON, MA 02109
TITLE	VTS
NAME	EGAN, RICHARD G JR
STREET ADDRESS	28 STATE STREET, 10TH FLOOR
CITY - ST - ZIP	BOSTON, MA 02109
TITLE	D
NAME	POSTERNAK, NOEL
STREET ADDRESS	28 STATE STREET, 10TH FLOOR
CITY - ST - ZIP	BOSTON, MA 02109
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Ruane Date: 2/20/08 Daytime Phone #: 017-476-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR