

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000161

FILED
Apr 29, 2005
Secretary of State

Entity Name: FALCON PARTNERS REALTY AND CAPITAL IV, LLC

Current Principal Place of Business:

3300 UNIVERSITY DRIVE
SUITE 001
CORAL SPRINGS, FL 33065

New Principal Place of Business:

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

Current Mailing Address:

3300 UNIVERSITY DRIVE
SUITE 001
CORAL SPRINGS, FL 33065

New Mailing Address:

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

FEI Number: 65-0973028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIFIORE, CORA
3300 UNIVERSITY DR.
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

DIFIORE, CORA
1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431 US

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.

SIGNATURE:

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FALCONE, ARTHUR
Address: 3300 UNIVEVRSITY DR.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FALCONE, ARTHUR
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARTHUR FALCONE

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date