## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 21, 2008 08:00 All Secretary of State **DOCUMENT # L00000000725** 1. Entity Name FINEBUILT IV. LLC Principal Place of Business Mailing Address 9425 HARDING AVE. 9425 HARDING AVE. SURFSIDE, FL 33154 SURFSIDE, FL 33154 01082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0976961 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FINVARB, RICHARD DO NOT WRITE 9425 HARDING AVE. SURFSIDE, FL 33154 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 U00000910369 After May 1, 2008 Fee will be \$538.75 05/ŌĒŽŌŠ-ŠŌĪŌŠ-009 138.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE FINVARB, RICHARD NAME 9425 HARDING AVE. STREET ADDRESS CITY-ST-ZIP SURFSIDE, FL 33154 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. 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 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE