


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000001051**

1. Entity Name  
**NAZARI ASSOCIATES IV, LLC**



Principal Place of Business      Mailing Address

**3500 N. 55TH AVENUE  
 HOLLYWOOD, FL 33021**      **3500 N. 55TH AVENUE  
 HOLLYWOOD, FL 33021**

**DO NOT WRITE IN THIS SPACE**



02082008 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
**65-1065806**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SARAGOVIA, EFRAIM N  
 3500 N 55 AVE.  
 HOLLYWOOD, FL 33021**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

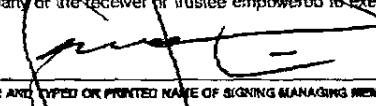
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SARAGOVIA, EFRAIM 3500 N 55 AVE. HOLLYWOOD, FL</b>
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U00000442644  
 03/04/06-80029-012 50.00

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:**  **EFRAIM SARAGOVIA**      2/16/06      (954) 989 5799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Office Phone #