2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021336

FOUNDATION IV, LLC



FILED Jul 26, 2004 08:00 AM Secretary of State

Principal Place of Business 5601 CORPORATE WAY SUITE 404

WEST PALM BEACH, FL 33407

Mailing Address

5601 CORPORATE WAY

SUITE 404

WEST PALM BEACH, FL 33407



DO NOT WRITE IN THIS SPACE

07022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 22-3849395

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WAXMAN, BRIAN K 5601 CORPORATE WAY

DO NOT WRITE

SUITE 404 WEST PALM BEACH, FL 33407		IN THIS SPACE
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstading) DATE
Fil Due l	ling Fee is \$50.00 by September 8, 2004	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MÉMBERS/MANAGERS MGRM WAXMAN, BRIAN K 5601 CORPORATE WAY SUITE 404 WEST PALM BEACH, FL 33407	U00000168153 U7/26/04-80002-009 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify 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 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:

TITLE NAME STREET ADDRESS CATY-ST-ZIP

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