

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000005306

1. Entity Name  
BAHIA HONDA REAL ESTATE INVESTMENTS IV, L.L.C.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP -6 AM 11:39

Principal Place of Business  
% 2450 SW 137TH AVE., SUITE 221  
MIAMI, FL 33175

Mailing Address  
% 2450 SW 137TH AVE., SUITE 221  
MIAMI, FL 33175

2. Principal Place of Business  
4000 Ponce de Leon Blvd.  
Suite 770  
City & State  
Coral Gables, FL  
Zip 33146 Country USA

3. Mailing Address  
4000 Ponce de Leon Blvd.  
Suite 770  
City & State  
Coral Gables, FL  
Zip 33146 Country USA

06292005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
41-2079487 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

A&A REGISTERED AGENT, INC.  
2450 SW 137TH AVE., SUITE 221  
MIAMI, FL 33175

Name A.H. Rojas, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1985 NW 80 COURT

Suite 201

City Miami FL Zip Code 33179

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 7, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  Delete  
NAME ADRIAN REAL ESTATE INVESTMENTS IV, INC.  
STREET ADDRESS 2450 SW 137TH AVE., SUITE 228  
CITY-ST-ZIP MIAMI, FL 33175

TITLE MGRM  Change  Addition  
NAME Bahia Honda Real Estate Investments IV, Inc.  
STREET ADDRESS 4000 Ponce de Leon Blvd. # 770  
CITY-ST-ZIP Coral Gables, FL 33146

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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:

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

Date

Daytime Phone #