

FILED
Jun 08, 2005 8:00 am
Secretary of State

05-02-2005 90113 023 ****55.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

30009041



DOCUMENT # L04000007952			
1. Entity Name RAPHAEL IV, LLC			
Principal Place of Business C/O GULF BAY INVESTMENTS 3470 CLUB CENTER BLVD NAPLES, FL 34114		Mailing Address C/O GULF BAY INVESTMENTS 3470 CLUB CENTER BLVD NAPLES, FL 34114	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01062005		Chg-LLC CR2E083 (10/03)	
4. FEI Number 51-0505958		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOODWARD, MARK J C/O WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMiami TRAIL NORTH, STE 200 NAPLES, FL 33410		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signatures typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when relinquishing.</small>			
Filing Fee is \$80.00 Due by May 1, 2005		Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEMBER Sunnymede Farm II, LP 3470 Club Center Boulevard Naples, FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date: 4/14/05 (239) 782-9400	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT		Date	