

FILED
Jul 18, 2005 8:00 am
Secretary of State

04-27-2005 90024 008 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000014816

Entity Name
INAPASH IV, LLC



Carroll Walk

Principal Place of Business
51 EAST BAY HARBOR DRIVE
BAY HARBOR ISLAND, FL

Mailing Address
9751 EAST BAY HARBOR DRIVE
BAY HARBOR ISLAND, FL

30010185



Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 582673198		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PSITZ, MARC 60 BILTMORE WAY, SUITE 700 ORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
NAME	MGRM REYCRAFT, GEORGE C JR	<input type="checkbox"/> Delete	TITLE	President Clyde Sease	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9751 EAST BAY HARBOR DRIVE		NAME	Clyde Sease	
CITY-STATE-ZIP	BAY HARBOR ISLAND, FL		STREET ADDRESS	9751 East Bay Harbor Drive 1401	
			CITY-STATE-ZIP	Bay Harbor Island, FL	
NAME	MGRM REYCRAFT, THOMAS C	<input type="checkbox"/> Delete	TITLE	Vice President Martha Bullock	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9751 EAST BAY HARBOR DRIVE		NAME	Martha Bullock	
CITY-STATE-ZIP	BAY HARBOR ISLAND, FL		STREET ADDRESS	9751 East Bay Harbor Drive 1401	
			CITY-STATE-ZIP	Bay Harbor Island, FL	
NAME	MGRM REYCRAFT, THADDEUS J	<input type="checkbox"/> Delete	TITLE	Sec. / Treasurer Don Little	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9751 EAST BAY HARBOR DRIVE		NAME	Don Little	
CITY-STATE-ZIP	BAY HARBOR ISLAND, FL		STREET ADDRESS	9751 East Bay Harbor Drive 404	
			CITY-STATE-ZIP	Bay Harbor Island, FL	
NAME	MGRM REYCRAFT, ANN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9751 EAST BAY HARBOR DRIVE		NAME		
CITY-STATE-ZIP	BAY HARBOR ISLAND, FL		STREET ADDRESS		
			CITY-STATE-ZIP		
NAME	MGRM REYCRAFT MCERLEAN, NANCY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9751 EAST BAY HARBOR DRIVE		NAME		
CITY-STATE-ZIP	BAY HARBOR ISLAND, FL		STREET ADDRESS		
			CITY-STATE-ZIP		
NAME	MGRM REYCRAFT ROSE, PAMELA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9751 EAST BAY HARBOR DRIVE		NAME		
CITY-STATE-ZIP	BAY HARBOR ISLAND, FL		STREET ADDRESS		
			CITY-STATE-ZIP		

I, 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 *Sophane Cutrona*

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