2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L04000019901



FILED Apr 29, 2008 8:00 am Secretary of State 04-29-2008 90030 035 ***138.75

HARBORAGE ON BRADEN RIVER IV, LLC Mailing Address Principal Place of Business 8210 LAKEWOOD RANCH BOULEVARD 8210 LAKEWOOD RANCH BOULEVARD 60031682 BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 Chg-LLC CR2E083 (12/06) 4 FEI Number Applied For City & State City & State **NOT APPLICABLE** Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEIM, PRISCILLA Street Address (P.O. Box Number is Not Acceptable) 8210 LAKEWOOD RANCH BOULEVARD BRADENTON FL 34202 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9, Change Addition TITLE MGR ☐ Delete TITLE NEAL, PATRICK K NAME NAME 8210 LAKEWOOD RANCH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34202 ☐ Change Addition MGR ☐ Delete TITLE TITLE SCHIER, JAMES R NAME NAME STREET ADDRESS 8210 LAKEWOOD RANCH BLVD STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TATLE TITLE NAME WEIDEMILLER, DALE E NAME STREET ADDRESS 8210 LAKEWOOD RANCH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34202 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SIGNING

Daytime Phone #