


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000026554 1. Entity Name P.C.T.C. IV, LLC	
--	---

Principal Place of Business 1265 36TH STREET VERO BEACH, FL 32961-5409	Mailing Address 1265 36TH STREET VERO BEACH, FL 32961-5409
--	--

DO NOT WRITE IN THIS SPACE



02072007 No Chg-LLC

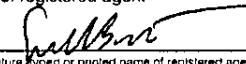
CR2E083 (11/05)

4. FEI Number 57-1203379	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 BAKER, FREDERICK W MD 1265 36TH STREET VERO BEACH, FL 32961
--

**DO NOT WRITE
IN THIS SPACE**

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 2/19/2007

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

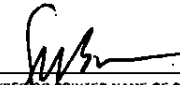
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, FREDERICK W M.D. 1265 36TH STREET VERO BEACH, FL 32961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, HAL W M.D. 1265 36TH STREET VERO BEACH, FL 32961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAVER, DENNIS F M.D. 1265 36TH STREET VERO BEACH, FL 32961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPLENDORRIA, ARTHUR M.D. 1265 36TH STREET VERO BEACH, FL 32961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ULRICH, GUY R 1265 36TH STREET VERO BEACH, FL 32961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIPLEY, JOSHUA B 1265 36TH STREET VERO BEACH, FL 32961

**DO NOT WRITE
IN THIS SPACE**

U000000645855
03/06/07-80005-023 50.00

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:  2/19/2007 771-727-6240

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #