2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000033317

1. Entity Name
WYNNE CAPITAL IV, LLC

Principal Place of Business	Mailing Address
8000 SOUTH US ONE, SUITE 402 PORT ST. LUCIE, FL 34952	8000 SOUTH US ONE, SUITE 402 PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

01122006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FEE, FRANK H III
401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

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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 May 1, 2006

U00000424362
02/18/06-80047-002 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WYNNE, MATTHEW L
STREET ADDRESS	8000 S. US 1, SUITE 402
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   Matthew Lyle Wynne   1/26/06   (772) 878-5513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #