

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 27, 2005 8:00 am**  
**Secretary of State**

06-14-2005 90084 003 \*\*\*\*50.00

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      |                                                                   |                                                                                          |  |
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| <b>DOCUMENT # L04000037372</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                      |                                                                   |         |  |
| 1. Entity Name<br>PFL GP IV, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                  |                                                      |                                                                   |                                                                                          |  |
| Principal Place of Business<br>1140 RESERVOIR AVENUE<br>CRANSTON, RI 02920                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |                                                      | Mailing Address<br>1140 RESERVOIR AVENUE<br>CRANSTON, RI 02920    |                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                      | 3. Mailing Address                                                |                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                                      | Suite, Apt. #, etc.                                               |                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                      | City & State                                                      |                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                          | Zip                                                  | Country                                                           | 4. FEI Number<br>20-1141391                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      |                                                                   | Applied For<br>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                       |                                                                                          |  |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                      | Name                                                              |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      | Street Address (P.O. Box Number is Not Acceptable)                |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      |                                                                   |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      | City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  |                                                      |                                                                   |                                                                                          |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  | Make check payable to<br>Florida Department of State |                                                                   |                                                                                          |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                      | 10. ADDITIONS/CHANGES                                             |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>PROCACCIANTI, ELIZABETH A<br>1140 RESERVOIR AVENUE<br>CRANSTON, RI 02920 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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 _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                      |                                                                   |                                                                                          |  |