



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90069 019 ****50.00

DOCUMENT # L04000041517					
1. Entity Name FCM PROPERTIES IV, LLC					
Principal Place of Business 17 TH ST 930-B ST.PETERSBURG, FL 33713			Mailing Address 1220 E.PARK CIRCLE TAMPA, FL 33604		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		05172006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LONGHOUSE, DONNA L 501 E. KENNEDY BLVD, STE 1700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name <u>FIONA MCPHERSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>1220 E PARK CIRCLE</u> <u>TR</u> City <u>TAMPA</u> FL Zip Code <u>33604</u>		
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 <u>Fiona McPherson</u> <u>FIONA MCPHERSON</u> <u>05/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCPHERSON, FIONA C 1220 E. PARK CIRCLE TAMPA, FL 33604	<input type="checkbox"/> Delete			
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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: <u>Fiona McPherson</u> <u>05/23/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		