

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 30, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L04000045498**

**1. Entity Name  
A & S INVESTMENTS IV, L.L.C.**



**Principal Place of Business  
933 BEVILLE ROAD, BUILDING 103-F  
SOUTH DAYTONA, FL 32119**

**Mailing Address  
P.O. BOX 551260  
JACKSONVILLE, FL 32255**

**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-LLC

CR2E083 (12/07)

**4. FEI Number  
20-1249910**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHNEIDER, MICHAEL N  
5150 BELFORD ROAD, BUILDING 100  
JACKSONVILLE, FL 32256**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SCHWARTZ, WINSTON  
933 BEVILLE ROAD BUILDING 103-F  
SOUTH DAYTONA, FL 32119**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ADLEY, JAMIE  
933 BEVILLE ROAD BUILDING 103-F  
SOUTH DAYTONA, FL 32119**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

U00000936062  
05/23/08-80096-017 138.75

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/22/08

Date

320 760 2535

Daytime Phone #