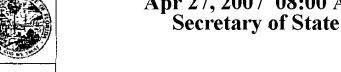
2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT (AR)** DOCUMENT # L04000048922 1. Entity Namo RICHMARK AIRCRAFT LEASING IV, LLC

**FILED** Apr 27, 2007 08:00 AM Secretary of State



Principal Plac	ce of Business		Mailing Addre	ess	·							
1515 NOR		. HIGHWAY, SUITE 306	1515 NORT	1515 NORTH FEDERAL HIGHWAY, SUITE 306 BOCA RATON FL 33432								
2. Principal F	Place of Busin	ess - No P.O. Box #	3. Mailing Ado	3. Mailing Address				INDIINII NII NKOI NINII NN		<b>     </b>	I LULLU GULLU I I I I I I	3 1624        06†
Suite, Apt. #, ctc.			Suite, Apt #, etc.			1st MOORE CR2E083 (10/06)						
City & State			City & State	City & State			4. FEI Num	4. FEI Number 34-2002842			<del> </del>	pplied For
Zip	Country Zip				Country		5. Certifica	ate of Status Desir	ed		\$5.00 Ac	
	6. Name	and Address of Current	Registered Agen	gistered Agent			7. Name and Address of New Registered Agent					
HWRAWG CORP. 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON FL 33431					Street	Street Address (P.O. Box Number is Not Acceptable)						
ВО	CA HATO	N FL 33431					<del></del>				1	
	City					FL	Zip Co	de				
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 4 applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
	-			EILE NOV	VIII CEE IS	ÈEO OO	,					
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State												
			Make Olie		By May 1, 200		COISTALE					
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9.		MANAGING MEMBE	RS/MANAGERS		10.			ADDITIO	INS/CH	ANGES		
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STREET ADDRESS CITY-ST-ZIP	COOTING BOOK HATCH BEVS.					)						
	DOOR TRI 1011 E 33432						<del></del>	<del></del>				— <del>—</del> —
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11. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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.

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

Daytime Phone #