

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055471

FILED
Jul 30, 2007
Secretary of State

Entity Name: COLORADO VENTURE IV, LLC

Current Principal Place of Business:

944 4TH STREET NORTH
SUITE # 800
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

650 16TH ST. N
ST. PETERSBURG, FL 33705 US

Current Mailing Address:

944 4TH STREET NORTH
SUITE # 800
ST. PETERSBURG, FL 33701 US

New Mailing Address:

650 16TH ST. N
ST. PETERSBURG, FL 33705 US

FEI Number: 56-2472538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FUDGE, FELIX D
944 4TH STREET NORTH
SUITE # 800
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

FUDGE, FELIX D
650 16TH ST. N
ST. PETERSBURG, FL 33705 US

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.

SIGNATURE:

07/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FUDGE, FELIX D
Address: 944 4TH STREET NORTH, SUITE # 800
City-St-Zip: ST. PETERSBURG, FL 33701 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FUDGE, FELIX D
Address: 650 16TH ST. N
City-St-Zip: ST. PETERSBURG, FL 33705 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FELIX D. FUDGE

MGRM

07/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date