


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000063223**

1. Entity Name  
 HRM IV LLC



Principal Place of Business      Mailing Address

3701 F.A.U. BOULEVARD, SUITE 205      3701 F.A.U. BOULEVARD, SUITE 205  
 BOCA RATON, FL 33431      BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
 20-1631573      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEAD, THOMAS A  
 3701 F.A.U. BOULEVARD, SUITE 205  
 BOCA RATON, FL 33431

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HRM IV DEVELOPMENT CORP. 3701 F.A.U. BOULEVARD, SUITE 205 BOCA RATON, FL 33431
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 03/06/06-80012-002 50.00

**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 its receiver or trustee authorized to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE: Thomas A Head      Date: 1/20/06      Daytime Phone #: 561 347 6916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #