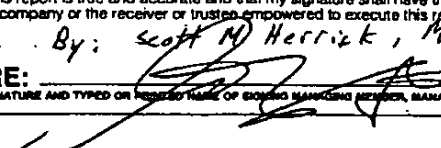


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

01-24-2005 90101 044 ****55.00

DOCUMENT # L04000072692					
1. Entity Name THE PALMS OF BAY HARBOR IV, LLC					
Principal Place of Business 2700 SOUTH NELSON STREET ARLINGTON, VA 22206			Mailing Address 2700 SOUTH NELSON STREET ARLINGTON, VA 22206		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1702727	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HR MORTGAGE & REALTY CO. 444 BRICKELL AVENUE, SUITE 212 MIAMI, FL 33131			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 renewing)					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	PBT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HERRICK, SCOTT		NAME		
STREET ADDRESS	2700 S. Nelson St		STREET ADDRESS		
CITY - ST - ZIP	ARLINGTON VA 22206		CITY - ST - ZIP		
TITLE	HERRICK, SCOTT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HERRICK, SCOTT		NAME		
STREET ADDRESS	2700 S. Nelson St		STREET ADDRESS		
CITY - ST - ZIP	ARLINGTON VA 22206		CITY - ST - ZIP		
TITLE	M	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CHRIS KRAMER		NAME		
STREET ADDRESS	2700 S. Nelson St.		STREET ADDRESS		
CITY - ST - ZIP	ARLINGTON VA 22206		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
By: SCOTT M. HERRICK, Managing Member					
SIGNATURE:				1/6/05 703.998.8001	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					