

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000020950	
1. Entity Name PMS IV LLC	

Principal Place of Business 1055 COUNTRY CLUB DR, BLDG U, APT 104 MARGATE FL 33063	Mailing Address 1055 COUNTRY CLUB DR, BLDG U, APT 104 MARGATE FL 33063
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/07)

City & State	City & State	4. FEI Number 20-2316643	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JANOWSKY, MURRAY 1055 COUNTRY CLUB DR, BLDG U, APT 104 MARGATE FL 33063
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered agent signature required when terminating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	000000841702 03/10/08-80028-006 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANOWSKY, MURRAY 1055 COUNTRY CLUB DR, BLDG U, APT 104 MARGATE FL 33063 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZEIDLER, DAVID 5968 COCOWOOD CT BOYNTON BEACH FL 33437 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, WILLIAM 5827 CORAL LAKE DR MARGATE FL 33063 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBLATT, FAYE 3551 INVERRARY DR LAUDERHILL FL 33319 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify 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 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: *MURRAY JANOWSKY Murray Janowsky* 2/22/08 954-971-8368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day to Process