

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022654

Entity Name: LYNCH PROPERTIES IV, LLC

FILED
Aug 08, 2006
Secretary of State

Current Principal Place of Business:

1673 WINDY BLUFF POINT
LONGWOOD, FL 32750

New Principal Place of Business:

1673 WINDY BLUFF POINT
LONGWOOD, FL 32750 US

Current Mailing Address:

1673 WINDY BLUFF POINT
LONGWOOD, FL 32750

New Mailing Address:

1673 WINDY BLUFF POINT
LONGWOOD, FL 32750 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

LYNCH, JUDY
1673 WINDY BLUFF POINT
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

LYNCH, JUDY L MRS
1673 WINDY BLUFF POINT
LONGWOOD, FL 32750 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: JUDY L. LYNCH

08/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: LYNCH, QUINT L MR
Address: 1673 WINDY BLUFF POINT
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM () Change (X) Addition
Name: LYNCH, JUDY L MRS
Address: 1673 WINDY BLUFF POINT
City-St-Zip: LONGWOOD, FL 32750 US

I hereby certify that the information supplied with this filing does not qualify for the 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: QUINT L LYNCH

MGRM

08/08/2006

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