

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90107 027 ****50.00

DOCUMENT # L05000029246

1. Entity Name
A & K ASSOCIATES IV, LLC



Principal Place of Business
**1515 S. FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432**

Mailing Address
**1515 S. FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432**

00039272



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number
30-0144420

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEUTCH, JEFFREY A P.A.
7777 GLADES ROAD, SUITE 300
BOCA RATON, FL 33434**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ALTMAN, JOEL L
STREET ADDRESS 1515 SOUTH FEDERAL HWY SUITE 300
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME KESSLER, DAVID J
STREET ADDRESS 855 SOUTH FEDERAL HWY SUITE E113
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 101 Plaza Real South, Suite 202
CITY-ST-ZIP Boca Raton, FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOEL L ALTMAN

4/18/07

Date

Daytime Phone #

(561) 237-1361