2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

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Entity Name: A & K ASSOCIATES IV, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432

Current Mailing Address:

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

New Mailing Address:

1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432

FEI Number: 30-0144420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DEUTCH, JEFFREY A P.A.
7777 GLADES ROAD
SUITE 300
BOCA RATON, FL 33434 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: _____ 04/22/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ALTMAN, JOEL L
Address: 1515 SOUTH FEDERAL HWY SUITE 300
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete
Name: KESSLER, DAVID J
Address: 101 PLAZA REAL SOUTH STE 202
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOEL L. ALTMAN MGR 04/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date