

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90035 022 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000037471			
1. Entity Name LAKE NONA IV, LLC			
Principal Place of Business 9801 LAKE NONA ROAD ORLANDO, FL 32827		Mailing Address 9801 LAKE NONA ROAD ORLANDO, FL 32827	
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
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name: B+C Corporate Services of Central Florida, Inc. Street Address (P.O. Box Number is Not Acceptable): 390 N. Orange Avenue Ste 1400 City: Orlando FL Zip Code: 32801	
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. B+C Corporate Services of Central Florida, Inc. 4/30/08			
SIGNATURE: [Signature]		DATE: 4/30/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: P NAME: ZBORIL, JAMES L STREET ADDRESS: 9801 LAKE NONA RD CITY-ST-ZIP: ORLANDO, FL 32827		TITLE: Change NAME: MGRM STREET ADDRESS: Lake Nona Property Holdings, LLC CITY-ST-ZIP: 9801 Lake Nona Rd. Orlando, FL 32827	
TITLE: V NAME: FERGUSON, LOWELL STREET ADDRESS: 9801 LAKE NONA RD CITY-ST-ZIP: ORLANDO, FL 32827		TITLE: Change NAME: Lowell T. Ferguson STREET ADDRESS: CITY-ST-ZIP:	
TITLE: V NAME: SMITH, MATTHEW S STREET ADDRESS: 9801 LAKE NONA RD CITY-ST-ZIP: ORLANDO, FL 32827		TITLE: Change NAME: VP STREET ADDRESS: Robert B. Adams CITY-ST-ZIP: 9801 Lake Nona Rd. Orlando, FL 32827	
TITLE: V NAME: [Blank] STREET ADDRESS: CITY-ST-ZIP:		TITLE: Change NAME: VP STREET ADDRESS: Richard L. Levey CITY-ST-ZIP: 9801 Lake Nona Rd. Orlando, FL 32827	
TITLE: V NAME: [Blank] STREET ADDRESS: CITY-ST-ZIP:		TITLE: Change NAME: VP STREET ADDRESS: Rasesh Thakkar CITY-ST-ZIP: 9801 Lake Nona Rd. Orlando, FL 32827	
TITLE: V NAME: [Blank] STREET ADDRESS: CITY-ST-ZIP:		TITLE: Change NAME: VP STREET ADDRESS: Robert G. Wilson CITY-ST-ZIP: 9801 Lake Nona Rd. Orlando, FL 32827	
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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE: 4/30/08 Daytime Phone #	