


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jul 25, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000040114 1. Entity Name V.R.-IV, LLC	
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Principal Place of Business
233 SOUTH AIRPORT ROAD
NAPLES, FL 34104

Mailing Address
233 SOUTH AIRPORT ROAD
NAPLES, FL 34104



07202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2728264	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SOWERS, KEITH M
233 SOUTH AIRPORT ROAD
NAPLES, FL 34104

**DO NOT WRITE
IN THIS SPACE**

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 September 14, 2007**

11000000770497
07/25/07-80006-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CUSACK, LORREN B 233 SOUTH AIRPORT ROAD NAPLES, FL 34104
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**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/20/07