2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L05000070365

Entity Name: GOLDEN PASCO PARTNERS IV, LLC

Current Principal Place of Business:

1401 GULF BLVD
11
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

1401 GULF BLVD
11
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

FEI Number: 20-3159795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

GEORGE G PAPPAS PA
901 N HERCULES
C
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

MARK, FOUSHEE
2534 GULFBREEZE CIRCLE
PALM HARBOR, FL 34683 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: MARK FOUSHEE 05/02/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	FOUSHEE, DAVID	
Address:	7711 VISAO DRIVE	
City-St-Zip:	SCOTTSDALE, AZ 85262 US	
Title:	MGRM	( ) Delete
Name:	FOUSHEE, ROSS	
Address:	233 LOS PRADOS DRIVE	
City-St-Zip:	SAFETY HARBOR, FL 34695 US	
Title:	MGRM	( ) Delete
Name:	FOUSHEE, MARK	
Address:	1401 GULF BLVD STE 11	
City-St-Zip:	INDIAN ROCKS BEACH, FL 33785 US	
Title:	MGRM	( ) Delete
Name:	HYDEMAN, RICHARD	
Address:	116 COUNTRY FLOWERS ROAD	
City-St-Zip:	NEWARK, DE 19711 US	
Title:	MGRM	( ) Delete
Name:	GENTES, CAROL M	
Address:	116 COUNTRY FLOWERS ROAD	
City-St-Zip:	NEWARK, DE 19711 US	
Title:	MGRM	( ) Delete
Name:	FOUSHEE, CHUN-CHA	
Address:	7711 VISAO DRIVE	
City-St-Zip:	SCOTTSDALE, AZ 85262 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MARK FOUSHEE MGR 05/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date