2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L05000070365

Entity Name: GOLDEN PASCO PARTNERS IV, LLC

Current Principal Place of Business:

2534 GULFBREEZE CIRCLE
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

2534 GULFBREEZE CIRCLE
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 20-3159795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARK, FOUSHEE
2534 GULFBREEZE CIRCLE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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: _____

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 MGRM 04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date