

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086427

Entity Name: CCR FINANCIAL IV, LLC

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

10700 NORTH KENDALL DRIVE
SUITE 204
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10700 NORTH KENDALL DRIVE
SUITE 204
MIAMI, FL 33176

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

GROSS, LESLIE J
10700 NORTH KENDALL DRIVE
204
MIAMI, FL 33176 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GROSS, LESLIE J
Address: 10700 NORTH KENDALL DRIVE, SUITE 204
City-St-Zip: MIAMI, FL 33176

Title: MGR () Delete
Name: GIOVANNETTI, PAUL
Address: 10700 NORTH KENDALL DRIVE, SUITE 204
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

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

Title: MBR (X) Change () Addition
Name: DEVELOPMENT CAPITAL, RESOURCES. LLC
Address: 10700 NORTH KENDALL DRIVE, SUITE 204
City-St-Zip: MIAMI, FL 33176

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: LESLIE JAY GROSS

MGR

07/05/2006

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