


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90034 031 ****50.00

DOCUMENT # L05000104322			
1. Entity Name TANDEM ASSOCIATES IV, LLC			
2. Place of Business 333 233 SOUTH TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285		Mailing Address 333 233 SOUTH TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285	
2. Principal Place of Business 333 South TAMIAMI TRAIL		3. Mailing Address 333 South TAMIAMI TRAIL	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101	
City & State VENICE FL		City & State VENICE FL	
Zip 34285		Country USA	
Zip 34285		Country USA	
6. Name and Address of Current Registered Agent MILLER, MICHAEL W 233 SOUTH TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285		7. Name and Address of New Registered Agent Name: MILLER, MICHAEL W Street Address (P.O. Box Number is Not Acceptable): 333 SOUTH TAMIAMI TRAIL Ste 101 City: Venice FL Zip Code: 34285	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, MICHAEL W		NAME MILLER, MICHAEL W	
STREET ADDRESS 233 SOUTH TAMIAMI TRAIL, SUITE 101		STREET ADDRESS 333 SOUTH TAMIAMI TRAIL Ste 101	
CITY-ST-ZIP VENICE, FL 34285		CITY-ST-ZIP VENICE FL 34285	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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:		4-17-06 941-441-1380	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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