

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003178

FILED
Jun 27, 2008
Secretary of State

Entity Name: AKERO CAPITAL FUND IV, LLC

Current Principal Place of Business:

C/O ALBERTO J. PEREZ
3750 NW 87TH AVENUE, SUITE 400
MIAMI, FL 33178

New Principal Place of Business:

C/O ALBERTO J. PEREZ
2901 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

Current Mailing Address:

C/O ALBERTO J. PEREZ
3750 NW 87TH AVENUE, SUITE 400
MIAMI, FL 33178

New Mailing Address:

C/O ALBERTO J. PEREZ
2901 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

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

Name and Address of Current Registered Agent:

SANCHEZ-MEDINA, ROLAND JR
SANCHEZ-MEDINA & ASSOCIATES, P.A.
2333 PONCE DE LEON BLVD., SUITE 302
CORAL GABLES, FL 33134 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: PRES () Delete
Name: MAS, JORGE
Address: 3750 NW 87TH AVENUE, #400
City-St-Zip: MIAMI, FL 33178

Title: VP () Delete
Name: PEREZ, ALBERTO J
Address: 3750 NW 87TH AVENUE, #400
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

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: JORGE MAS PRES 06/27/2008

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