2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000014077

1. Entity Name

AMPROP ASSOCIATES IV, LLC



FILED Apr 11, 2008 08:00 A Secretary of State

Principal Place of Business

12950 RACETRACK RD. STE 201

SUITE 201

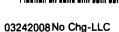
TAMPA, FL 33626 US

Mailing Address

12950 RACETRACK RD. STE 201

SUITE 201

TAMPA, FL 33626 US



CR2E083 (12/07)

4. FEI Number 20-4271522

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOESSLER, ERIC A 12950 RACETRACK RD. STE 201 SUITE 201 TAMPA, FL 33626

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8. The above named of the obligations of re	entity submits this statement for the puring stered agent.	rpose of changing its registere	d office or registered agent	, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE	yoad or printed name of registered agent and title if a	nolicable (NOTE: Recistored	Agent signature required when reinstr	Nino)	DATE
ogratio, i	your or printed retino or registered agont and toe in a		Agent arginature required when remain	eurgy	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000831631 04/23/08~80033-004 138.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHOESSLER, ERIC A 12950 RACETRACK RD. STE 201 TAMPA, FL 33626			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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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:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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·/·/

Daytime Phone #