


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000017623</b> 1. Entity Name GEORGETOWN IV, L.L.C.	
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Principal Place of Business 1507 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301	Mailing Address 1507 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301
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**DO NOT WRITE IN THIS SPACE**



03112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4325884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KARNEY, WILLIAM M ESQ.  
915 MIDDLE RIVER DRIVE, STE. 506  
FORT LAUDERDALE, FL 33304

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLONEY, SCOTT 1507 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAMME, GUSTA 4975 SABAL LAKE CIRCLE SARASOTA, FL 34238
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U000000929774  
05/21/08-80082-016 138.75

**DO NOT WRITE  
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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:** Scott D. Coloney 4/18/08 (954) 377-5132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #