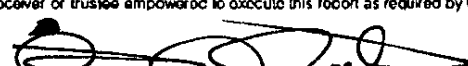


03-06-2007 90081 025 ****55.00

DOCUMENT # L06000036581			
1. Entity Name IPS TURNPIKE IV, LLC		03-06-2007 90081 025 ****55.00	
Principal Place of Business 1500 SAN REMO AVENUE SUITE 300 CORAL GABLES FL 33146		Mailing Address 1500 SAN REMO AVENUE SUITE 300 CORAL GABLES FL 33146	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 51-0627398		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'CONNELL, MICHAEL 1500 SAN REMO AVENUE SUITE 300 CORAL GABLES FL 33146		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
☐ Delete TITLE NAME STREET ADDRESS CITY- ST- ZIP MGRM STEVEN, STATTNER 1500 SAN REMO AVENUE CORAL GABLES FL 33146	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP
☐ Delete TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP
☐ Delete TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP
☐ Delete TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		4/18/07 954-646-0617	
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING EMPLOYEE, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	