

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L06000037205

1. Entity Name
ASPIRE HOUSING GROUP IV LLC



Principal Place of Business
318 NORTH CARSON STREET
SUITE #208
CARSON CITY, NV 89701

Mailing Address
3257 FERNSIDE BLVD.
ALAMEDA, CA 94501



03122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4726943

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOULDIN & ASSOCIATES, P. A.
6424 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renominating)

DATE

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

U00000860470
04/02/08-80064-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FRITZ, GARY A
STREET ADDRESS	3257 FERNSIDE BLVD.
CITY-ST-ZIP	ALAMEDA, CA 94501
TITLE	MGRM
NAME	SIMS, DENISE
STREET ADDRESS	3257 FERNSIDE BLVD.
CITY-ST-ZIP	ALAMEDA, CA 94501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

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

5/12/08

Date

925-914-1073

Daytime Phone #