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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -5 AM 9:27

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000090198

1. Entity Name
TAYLOR ESTATES IV LLC

Principal Place of Business	Mailing Address
995 GATE PARKWAY NORTH SUITE 400 JACKSONVILLE, FL 32246	995 GATE PARKWAY NORTH SUITE 400 JACKSONVILLE, FL 32246
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

03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5540997 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HAYES, DEANNA
995 GATE PARKWAY NORTH
SUITE 400
JACKSONVILLE, FL 32246 ✓

7. Name and Address of New Registered Agent

Curley, Charles R Jr
1301 Riverplace Blvd Suite 1500
Jacksonville, FL 32207

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MGRM
The Archer Group
9428 Baymeadows Road Suite 230
Jacksonville, FL 32256

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
			☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

REINSTATEMENT 2007

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: Tim Riten 4/25/07 9049968337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #