
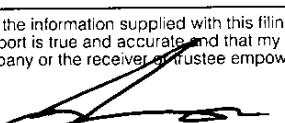


DOCUMENT # L06000093261						Secretary of State	
1. Entity Name JDK PROPERTIES IV LLC				04-19-2007 90039 041 ****50.00			
Principal Place of Business 4020 SOUTH PINE AVENUE OCALA, FL 34480				Mailing Address 4020 SOUTH PINE AVENUE OCALA, FL 34480			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KINDER, JACK D 4020 SOUTH PINE AVENUE OCALA, FL 34480				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR KINDER, JACK 4020 SOUTH PINE AVENUE OCALA, FL 34480 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 				Jack D. Kinder		4/16/2007 352-622-2460	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #	