

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000102035

1. Entity Name
SNKR IV, LLC



Principal Place of Business
19103 AVENUE BAYONNES
LUTZ, FL 33549

Mailing Address
19103 AVENUE BAYONNES
LUTZ, FL 33549



01262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5759772	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUDOBA, STEPHEN M
101 EAST KENNEDY BOULEVARD, SUITE 3700
TAMPA, FL 33602

**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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PATEL, SHODHAN
STREET ADDRESS	19103 AVE BAYONNES
CITY-ST-ZIP	LUTZ, FL 33558

TITLE	MGRM
NAME	KHANT, RANCHOD
STREET ADDRESS	50 BAHAMA CIR
CITY-ST-ZIP	TAMPA, FL 33606

TITLE	MGRM
NAME	PATEL, KRUTIKA
STREET ADDRESS	19103 AVE BAYONNES
CITY-ST-ZIP	LUTZ, FL 33558

TITLE	MGRM
NAME	KHANTI, SAROJ
STREET ADDRESS	50 BAHAMA CIR
CITY-ST-ZIP	TAMPA, FL 33606

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000819608
02/15/08-80088-018 138.75

**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

Date

Daytime Phone #

R. Khanl MGRM 1-27-08 813-841-9077