

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109565

FILED
May 07, 2007
Secretary of State

Entity Name: OVIEDO TOWN CENTRE IV LP PARTNERS, L.L.C.

Current Principal Place of Business:

329 NORTH PARK AVE., SUITE 300
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

329 NORTH PARK AVE., SUITE 300
WINTER PARK, FL 32789

New Mailing Address:

P.O. BOX 4961
ORLANDO, FL 328024961

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENT. FLA., INC.
390 NORTH ORANGE AVE., SUITE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MISSIGMAN, PAUL M
Address: 329 NORTH PARK AVE., SUITE 300
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: CULP, W. SCOTT
Address: 329 NORTH PARK AVE., SUITE 300
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL M. MISSIGMAN

MGR

05/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date