

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L06000117876
 1. Entity Name
 DELTA SHAMROCK FARMS IV LLC



Principal Place of Business 1590 ISLAND LANE 28 FLEMING ISLAND, FL 32003	Mailing Address 1590 ISLAND LANE 28 FLEMING ISLAND, FL 32003
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03072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8080743	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 O'CONNOR, JOHN W
 1590 ISLAND LANE
 28
 FLEMING ISLAND, FL 32003

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 _____ (NOTE: Registered Agent signature required when reinstating) 04/23/08-BULDATE-017 138.75

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'CONNOR, JOHN W 1590 ISLAND LANE, SUITE 28 FLEMING ISLAND, FL 32003
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: John W. O'Connor Manager 4/9/08 904/215-7575
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #