

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Katherine Harris	
1999		Secretary of State	
		DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000520	
IMPACT PROPERTIES IV, L.C. 7627 COURTNEY CAMPBELL CAUSEWAY TAMPA FL 33607		1a. Principal Place of Business Address 7627 COURTNEY CAMPBELL CAUSEWAY TAMPA FL 33607	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Organized or Qualified		3a. State of Formation	
05/14/1997		FL	
4. FET Number		<input type="checkbox"/> Applied For	
59-3446233		<input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired	
04/23/1998		<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
KANJI, DILIP 7627 COURTNEY CAMPBELL CAUSEWAY TAMPA FL 33607		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE		DATE	
(Registered Agent Accepting Appointment) (Print Name)		(Print Name)	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KANJI, DILIP	7627 COURTNEY CAMPBELL CAUSEWAY	TAMPA FL
MGR	VALBH, ANIL I	7627 COURTNEY CAMPBELL CAUSEWAY	TAMPA FL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE:		DILIP KANJI	
		4-21-99	
		833-287-0947	