*2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000004895

1. Entity Name
GREENWALD HOLDINGS IV, L.L.C.

FILED Feb 02, 2004 08:00 AM Secretary of State

Principal Place of Business

1320 S DIXIE HWY

SUITE 781 CORAL GABLES, FL 33146 Mailing Address

1320 S DIXIE HWY

SUITE 781

CORAL GABLES, FL 33146



01222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1103908 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, GARY L ESQ 4000 HOLLYEOOD BLVD., #265-SOUTH HOLLYWOOD, FL 33021

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HOLLYWOOD, FL 33021		IN '	IN THIS SPACE	
the obligat	named entity submits this statement for the purpose of char ions of registered agent.	aging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and little if applicable		(NOTE. Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2004			U00000030865 02/04/04-80127-012 50.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR GREENWALD, ALLEN R 1320 S DIXIE HWY SUITE 781 CORAL GABLES, FL 33146			
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME SYREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE Name				

11. I 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 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

24/04

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