

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000069

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: GROTECH CAPITAL GROUP IV, LLC

**Current Principal Place of Business:**

2255 GLADES ROAD  
SUITE 324A, #1110  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2255 GLADES ROAD  
SUITE 324A, #1110  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 52-2004737      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEXISNEXIS DOCUMENT SOLUTIONS INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: ADAMS, FRANK A  
Address: 2255 GLADES ROAD, SUITE 324A #1110  
City-St-Zip: BOCA RATON, FL 33431

Title: MGR      ( ) Delete  
Name: SCHECHTER, JEFFREY R  
Address: 2255 GLADES ROAD, SUITE 324A #1110  
City-St-Zip: BOCA RATON, FL 33431

**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 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 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: JEFFREY R. SCHECHTER

MGR

04/29/2005

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