2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 12, 2007 08:00 AM DOCUMENT # M04000004905 **Secretary of State** 1. Entity Name SEA SHELTER IV. LLC Principal Place of Business Mailing Address 1000 WILLIAM HILTON PARKWAY, SUITE 101 1000 WILLIAM HILTON PARKWAY, SUITE 101 HILTON HEAD ISLAND, SC 29928 HILTON HEAD ISLAND, SC 29928 01092007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1647367 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ANDREW D. TARR, ESQUIRE 305 W. HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009 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. Signature, typed or printed name of registered agent and tritle if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. TITLE MGR NAME CAPITAL ADVANTAGE FINANCE AND DEVELOMENT 1000 WILLIAM HILTON PARKWAY, SUITE 101 STREET ADDRESS HILTON HEAD ISLAND, SC 29928 CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

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 arm 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 receipter or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

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