

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005152

Entity Name: ITC IV, LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

4218 HIGHWAY AVENUE  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 771  
PONTE VEDRA BEACH, FL 32004

**New Mailing Address:**

FEI Number: 52-2070742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REILLY, JACK  
C/O STM - 50 N. LAURA STREET  
STE 1600  
JACKSONVILLE, FL 32254 US

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

REILLY, JACK  
4218 HIGHWAY AVENUE  
JACKSONVILLE, FL 32254 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PHILLIPS, GARY C  
Address: BOX 771  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: MGR ( ) Delete  
Name: REILLY, JACK  
Address: BOX 771  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PHILLIPS, GARY C  
Address: 4218 HIGHWAY AVENUE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: MGR (X) Change ( ) Addition  
Name: REILLY, JACK  
Address: 4218 HIGHWAY AVENUE  
City-St-Zip: JACKSONVILLE, FL 32254

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JACK REILLY

MGR

04/30/2008

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