## 2008 LIMITED LIAPILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M06000004275**

GREENE INVESTMENT PROPERTIES IV, LLC

Principal Place of Business

109 RIVOLI RIDGE DRIVE MACON, GA 31210

SIGNATURE: \(

Mailing Address

109 RIVOLI RIDGE DRIVE MACON, GA 31210

## **FILED** Jan 29, 2008 8:00 am **Secretary of State**

01-29-2008 90063 030 \*\*\*138.75

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01152008 No Chg-LLC

CR2E083 (12/07)

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4.	FEI Number		Applied For
	NOT APPLICABLE		Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional guired

6. Name and Address of Current Registered Agent

FRYE, LA WANDA 1272 SCENIC GULF DRIVE, UNIT 1101 DESTIN, FL 32550

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8. The above the obligat	named entity submits this statement for the purpose of changing its rions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, lyood or printed name of registered agent and title if applicable (NOTE.	Registered Agent signature required when re-instating) DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, EDWARD H 109 RIVOLI RIDGE DRIVE MACON, GA 31210			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
THE NAME STREET ADDRESS CHY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME 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 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.

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