


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000005748 1. Entity Name THE ROBERT F. AND KATHLEEN L. SMITH FAMILY LLC IV	
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Principal Place of Business 1000 TARPON CENTER DRIVE APT. 505 VENICE, FL 32475	Mailing Address 1000 TARPON CENTER DRIVE APT. 505 VENICE, FL 32475
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DO NOT WRITE IN THIS SPACE



08072007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 65-1273845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SMITH, ROBERT F
1000 TARPON CENTER DRIVE APT. 505
VENICE, FL 32475

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, ROBERT F 1000 TARPON CENTER DRIVE APT. 505 VENICE, FL 32475
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08/28/07-80001-004 50.00

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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: Robert F Smith 8-15-07

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