


# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

09 APR 21 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # M06000005748</b>					
1. Entity Name THE ROBERT F. AND KATHLEEN L. SMITH FAMILY LLC IV					
Principal Place of Business 1000 TARPON CENTER DRIVE APT. 505 VENICE, FL 32475			Mailing Address 1000 TARPON CENTER DRIVE APT. 505 VENICE, FL 32475		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1273845</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, ROBERT F 1000 TARPON CENTER DRIVE APT. 505 VENICE, FL 32475 THE IV			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <i>X Robert F Smith</i>			DATE <i>4-16-09</i>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2009 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ROBERT F		NAME		
STREET ADDRESS	1000 TARPON CENTER DRIVE APT. 505		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 32475		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>X Robert F Smith</i>			DATE: <i>4-16-09</i> DAYTIME PHONE #: <i>614-451-8217</i>		
Signature and typed or printed name of signing managing member, manager, or authorized representative			Date Daytime Phone #		

N. O. ... APR 22 2009