2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000006835

1. Entity Name

I & G'UOC JACKSONVILLE, L.L.C.



FILED Feb 12, 2008 08:00 AM Secretary of State

Principal Place of Business

200 E. RANDOLPH CHICAGO, IL 60601 Mailing Address

200 E. RANDOLPH CHICAGO, IL 60601



01172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2577021

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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

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

FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

02/21/08-80017-013 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASALLE INCOME & GROWTH FUND IV 200 E. RANDOLPH CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby o	certify that the information supplied with this filing does not qualify for the ex-

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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.

ROSCOF 117108

SIGNATURE:

LaSalle Income I Growth Fund IV SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

S19·99.8·902D