
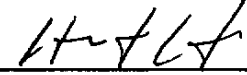


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M96000000122		
CLEARWATER FUND IV, LLC 611 DRUID ROAD EAST SUITE 200 CLEARWATER FL 34616		1a. Principal Place of Business Address 611 DRUID ROAD EAST SUITE 200 CLEARWATER FL 34616		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/12/1996
City & State		City & State		4. FEI Number
Zip		Zip		59-3349309
Country		Country		5. Date of Last Report
				6. Certificate of Status Desired
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.				
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGRM	HEYE, HANS FREDERIC	611 DRUID ROAD EAST, SUITE	CLEARWATER FL	
500002085175--S -02/12/97--01070-010 ****203.75 ****203.75 B2-7-97				
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.				
SIGNATURE: 				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				
Date Daytime Phone #				

FILED

97 FEB -7 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA