

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000409

1. Entity Name

REALTY ASSOCIATES FUND IV LLC

FILED

01 MAY -1 PM 5:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O TA ASSOCIATES REALTY  
28 STATE STREET, 10TH FLOOR  
BOSTON MA 02109

Mailing Address  
C/O TA ASSOCIATES REALTY  
28 STATE STREET, 10TH FLOOR  
BOSTON MA 02109-1775

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3341883

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NCW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9000004271639--0  
-05/18/01--01100--019  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME REALTY ASSOCIATES ADVISORS LLC  
STREET ADDRESS C/O TA ASSOCIATES REALTY  
CITY-ST-ZIP 28 STATE ST  
BOSTON, MA 02109 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I 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 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.

By: Realty Associates Advisors LLC, its manager; by: Realty Associates Advisors Trust, its sole member

SIGNATURE:

*Erica I. Weiss*

Erica I. Weiss, Assistant Secretary 4/20/01 (202) 778-6150

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

Date

Daytime Phone #

CR2E083 (11/00)