

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M97000000409

1. Entity Name
REALTY ASSOCIATES FUND IV LLC



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

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

FILED
04 MAR 25 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

02202004 No Chg-LLC

CR2E083 (10/03)

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

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

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000031187910

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REALTY ASSOCIATES ADVISORS LLC 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109
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	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

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

Realty Associates Advisors LLC, Mgr. by Realty Associates
Advisors Trust by Michael Ruane, Tr. 3/18/04

Date

Daytime Phone 617 476 2700

1797000000409

ACCOUNT NO. : 072100000032

REFERENCE : 520528 4304937

AUTHORIZATION : Patricia Pigato

COST LIMIT : \$ 50.00

ORDER DATE : March 24, 2004

ORDER TIME : 11:50 AM

ORDER NO. : 520528-010

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst
Mintz, Levin, Cohn, Ferris,
One Financial Center

Boston, MA 02111

ANNUAL REPORT FILING

NAME: REALTY ASSOCIATES FUND IV LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____

FILED
04 MAR 25 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 MAR 25 PM 12:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA