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



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

DO NOT WRITE IN THIS SPACE

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



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.

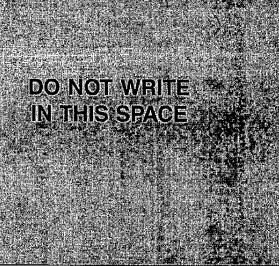
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2004 000031187910

9, MANAGING MEMBERS/MANAGERS MGR TITLE NAME REALTY ASSOCIATES ADVISORS LLC STREET ADDRESS 28 STATE STREET, 10TH FLOOR CITY-ST-ZIP BOSTON, MA 02109 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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.

Realty Associates Advisors LLC, Mgr. by Realty Associates Advisors Trust by Michael Ruane, Tr. 3/(6/04)

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

Date

Daytime Phone 917 476

2700

70	COLINIA	NT/
AC.	COUNT	NO.

: 072100000032

REFERENCE

AUTHORIZATION

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, Lègal 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

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: