**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

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CR2E083 (12/07)

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4. FEI Number 04-3341883 Applied For Not Applicable

		5. Certificate of Status Desired Fee Required
	6. Name and Address of Current Registered Agent	
1201 HAY	ATION SERVICE COMPANY S STREET SSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
	named entity submits this statement for the purpose of cha iions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registored Agent eignature required when reinstating)  DATE
After May	: NOWIII FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	
9. TITLE	MANAGING MEMBERS/MANAGERS MGR	
NAME	REALTY ASSOCIATES ADVISORS LLC	
STREET ADDRESS	28 STATE STREET, 10TH FLOOR	
CITY-ST-ZIP	BOSTON, MA 02109	
TITLE		U00000851452 03/25/08-80040-017 138.75
NAME		USA 23A UST SUUMUTUIT 133. 13
STREET ADDRESS CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
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TITLE		
NAME STREET ADDRESS		
CITY-ST-ZIP		1

11. 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 fability company or the receiver or trustee empowered to execute this report as required by Chapter 68, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 68, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 119, Florida Statutes. I further certify that the information indicated on this report is required by Chapter 119, Florida Statutes. I further certify that the information indicated on this report is required by Chapter 119, Florida Statutes. I further certify that the information indicated on this report is required by Chapter 119, Florida Statutes. I further certify that the information indicated on this report is required by Chapter 119, Florida Statutes. I further certify that the information indicated on this report is required by Chapter 119, Florida Statutes. I further certify that the information indicated on this report is required by Chapter 119, Florida Statutes. I further certifies the continue of the continue of the required by Chapter 119, Florida Statutes. I further certifies the continue of the continue of the required by Chapter 119, Florida Statutes. I further certifies the continue of the continue of the required by Chapter 119, Florida Statutes. I further certifies the continue of the continue of the required by Chapter 119, Florida Statutes I further certifies the continue of the continue of the required by Chapter 119, Florida Statutes I further certifies the continue of the continue of the required by Chapter 119, Florida Statutes I further certifies the continue of the continue of the required by Chapter 119, Florida

SIGNATURE: MULAU PURSON PRINTED NAME OF BIOHNIG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: Multiple Out PRINTED NAME OF BIONING MANAGING NEMBER, OR AUTHORIZED REPRESENTATIVE

2/20/08 017-470-2700

2/20/08 (0/1-476-2700)
Date Prone #

IALLAHA	SSEE, FL 32301-2525	IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of chan tions of registered agent.	iging its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accep
	Signature, typed or printed name of registered agent and site ill applicable.	(NOTE: Registered Agent arginature required when rehistating) DATE
FILE After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TATLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TA ASSOCIATES REALTY 28 STATE STREET BOSTON, MA 02109	U00000851453
TITLE NAME STREET ADDRESS CHY-ST-ZIP		03/25/08-80040-018 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A Section 1