2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # M98000000352 1. Entity Name PREMIERE IV. L.L.C.

FILED Apr 26, 2007 08:00 A Secretary of State

Principal Place of Business 2501 GALEN DRIVE CHAMPAIGN, IL 61821

Mailing Address 2501 GALEN DRIVE CHAMPAIGN, IL 61821



04172007 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (11/05)

Applied For 4. FEI Number 37-1365918 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR SHITE 4

DO NOT WRITE

WESTON, FL 33331		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, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	COZAD/WESTCHESTER AGRICULTURAL ASSET MGNT	
STREET ADDRESS CITY-ST-ZIP	2501 GALEN DRIVE	140000000004m46
	CHAMPAIGN, IL 61821	
TITLE		00/00/01 00123 010 00.00
NAME STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE		IN THIS SPACE
NAME		IN THIS STARE
STREET ADDRESS		· ·
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

4-17-07

217-356<u>-8363</u>

Daytime Phone #