

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010627

**Entity Name:** AW MEDICAL OFFICE FUND IV GP, LLC

**Current Principal Place of Business:**

11780 US HWY ONE, STE. 305  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

11780 US HWY ONE, STE. 305  
NORTH PALM BEACH, FL 33408

**FEI Number:** 85-4063211

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WAXMAN, BRIAN K  
11780 US HWY ONE, STE. 305  
NORTH PALM BEACH, FL 33408 US

*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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AP  
Name WAXMAN, BRIAN K  
Address 11780 US HWY ONE, STE. 305  
City-State-Zip: NORTH PALM BEACH FL 33408

Title AP  
Name LEBENSON, DAVID  
Address 11780 US HWY ONE, STE. 305  
City-State-Zip: NORTH PALM BEACH FL 33408

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID LEBENSON

VP

09/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date