

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000679

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: TIC VILLAGE SQUARE 15, LLC

**Current Principal Place of Business:**

2 N TAMIAMI TRAIL  
SUITE 300  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

2 N TAMIAMI TRAIL  
SUITE 300  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 28-9380810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: LAURA LEIGH JOLES

01/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JADERSTROM, MARK L TRUSTEE  
Address: 69 OXFORD COURT  
City-St-Zip: PETALUMA, CA 94952

Title: MGRM ( ) Delete  
Name: JADERSTROM, SUSAN M TRUSTEE  
Address: 69 OXFORD COURT  
City-St-Zip: PETALUMA, CA 94952

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARK JADERSTROM

MGRM

01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date