

2004 UNIFORM BUSINESS REPORT (UBR)

0014598 AF

DOCUMENT # L00000009879

1. Entity Name
MERRITT SQUARE OFFICE INVESTORS, L.L.C.

FILED
 01 APR 23 PM 2:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business % MERRITT SQUARE OFFICE ADVISORS, INC. 2255 GLADES ROAD, SUITE 411-E BOCA RATON FL 33431	Mailing Address % MERRITT SQUARE OFFICE ADVISORS, INC. 2255 GLADES ROAD, SUITE 411-E BOCA RATON FL 33431
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-1034280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GOTTSEGEN, STANLEY D
 2255 GLADES RD., SUITE 411-E
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE-NOW!!!-FEE-IS-\$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MERRITT SQUARE OFFICE ADVISORS, INC.	
STREET ADDRESS	2255 GLADES RD., SUITE 411-E	
CITY-ST-ZIP	BOCA RATON FL 33431	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

700004163977--7
-05/08/01--01154--008
*******50.00 *****50.00**

CR2E083 (11/00)

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.

SIGNATURE: *[Signature]* **3/20/01** **561-194-7212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #