

# 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

**Principal Place of Business**      **Mailing Address**  
 % MERRITT SQUARE OFFICE ADVISORS, INC.      % MERRITT SQUARE OFFICE ADVISORS, INC.  
 2255 GLADES ROAD, SUITE 411-E      2255 GLADES ROAD, SUITE 411-E  
 BOCA RATON FL 33431      BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**4. FEI Number**      Applied For  
 65-1034280      Not Applicable  
**5. Certificate of Status Desired**       \$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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700004163977--7	
CITY-ST-ZIP	-05/08/01--01154--008	
	*****50.00      *****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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]*      **Date:** 3/20/01      **Daytime Phone #:** 561-994-7272  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)