


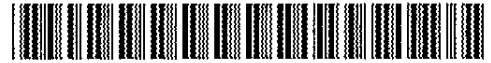
**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000009879</b> 1. Entity Name MERRITT SQUARE OFFICE INVESTORS, L.L.C.	
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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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**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-LLC      CR2E083 (10/03)

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERRITT SQUARE OFFICE ADVISORS, INC. 2255 GLADES RD., SUITE 411-E BOCA RATON, FL 33431
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 04/08/04-80041-002 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**       3/23/04 (561) 994-2212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

**STANLEY D. GOTTSEGEN**