


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90297 004 \*\*\*\*50.00

**DOCUMENT # L00000009879**

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



Principal Place of Business <b>% MERRITT SQUARE OFFICE ADVISORS, INC.          2255 GLADES ROAD, SUITE 411-E          BOCA RATON, FL 33431</b>	Mailing Address <b>% MERRITT SQUARE OFFICE ADVISORS, INC.          2255 GLADES ROAD, SUITE 411-E          BOCA RATON, FL 33431</b>
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**30005584**



03012008 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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: **4/20/06**

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, 2006**

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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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **STANLEY D. GOTTSEGEN, MANAGER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date: **4/17/06** Daytona Phone #: **954-**

**491-1120**