


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 % 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
---	---

30005584



03012008 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1034280	Applied For 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**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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