


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000009879
 1. Entity Name
 MERRITT SQUARE OFFICE INVESTORS, L.L.C.



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

DO NOT WRITE IN THIS SPACE



05092007 No Chg-LLC CR2E083 (11/05)

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

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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 September 14, 2007

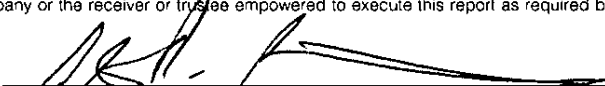
9. MANAGING MEMBERS/MANAGERS

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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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:  4/6/07 561-994-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #